



**Creating Opportunities For
Independent Living And Work**

2014 Comprehensive Statewide Vocational Rehabilitation Consumer Needs Assessment

**Massachusetts Rehabilitation Commission
Research, Development, and Performance Management Department**

**In collaboration with:
Statewide Rehabilitation Council
Needs Assessment Committee**

February 2015

Executive Summary

The Massachusetts Rehabilitation Commission (MRC) in conjunction with the Statewide Rehabilitation Council (SRC) conducted its annual Comprehensive Statewide VR Consumer Needs Assessment (CSNA) in the Fall of 2014. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment at least every three years, but the MRC administers it on an annual basis with the information and findings incorporated into the MRC's State Plan, Strategic Planning, and Quality Assurance Activities. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the MRC's State Plan and continuous quality improvement processes. It is also publicly distributed via the MRC website. The 2014 CSNA process constituted a number of areas, including: a consumer survey; focus groups; analysis of key statistical and demographic information and facts; findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys, among others; and collaboration and discussion with the SRC and other key stakeholders.

The MRC 2014 Needs Assessment Survey was administered electronically via Survey Monkey in September and October 2014. A focus group of consumers was also conducted at the Consumer Conference in June 2014. There were 1,325 consumers who responded to the survey out of a total of 5,157 possible consumer recipients, for a response rate of 25.2%. The number of responses again exceeded the amount required to make statistically significant conclusions at a 99% confidence level, according to the Raosoft.com sample size calculator, by a wide margin. There was a 12.7% increase in the number of consumer respondents from the 2013 Needs Assessment Survey and a 19.4% increase in the number of consumers offered the opportunity to participate in the survey compared to 2013.

The main findings of the 2014 Comprehensive Statewide Needs Assessment can be summarized as follows:

1. The CSNA again confirms the fact that the majority of consumers served by the MRC are people with the most significant disabilities. The findings indicate that a majority of MRC consumers require multiple Vocational Rehabilitation (VR) services, transportation, and Community Living (CL) services and supports to assist them in their efforts to prepare for, choose, and obtain competitive

employment. The need for multiple VR services was found to be slightly greater amongst individuals of diverse ethnic and racial backgrounds and for individuals with cognitive or psychological disabilities. The findings suggest that many consumers also require supported employment and ongoing and extended employment supports. The need for multiple CL services was greatest among individuals with physical or sensory disabilities. (See page 110 for a key to disability groupings).

2. Overall, the majority of MRC consumers believe MRC services are addressing all or most of their needs. 80% of consumers feel MRC services are at least somewhat effective in meeting their vocational service needs (up 2% from 2012). The majority of consumers (79.3%) are somewhat or very satisfied with the development of their Individualized Plan for Employment. Many of those who feel MRC services are not meeting their needs indicate they have difficulty maintaining contact with their counselor, have not been provided consistent or adequate information on services, or have experienced changes in their assigned counselors due to high levels of staff turnover.
3. Many consumers expressed strong praise and gratitude for the hard work and support provided by the MRC and its counseling staff. It is clear that MRC and its staff make a significant positive impact on the lives of many of its consumers. A need raised by consumers included better contact with their counselor and more information about available services and MRC procedures, including information and referral to other agencies. Some consumers may not have a complete understanding of what the MRC can and cannot do for them.
4. The most important and needed VR services listed by consumers were job placement (89%), career counseling (84%), supported employment (80%), benefits planning (78%), ongoing supports to assist in retaining employment (74%), On-the-Job Training or Job Coaching (71%), and College Education (68%). School to work transition, obtaining a high school diploma, and college education were the most needed services by consumers of transition age.
5. The most important job characteristics that MRC consumers indicated they are looking for in a job include a friendly job environment (95%), job satisfaction and personal interests (95%), earning a living wage (94%), an adequate number of hours worked per week (94%), vacation and other leave benefits (89%), and promotional opportunities (88%).

6. The most common occupational areas of interest listed by MRC consumers included Community/Social/Human Services (36%), Administrative (29%), Health Care (29%), Self-Employment (26%), Customer Service (25%), and Computers/Information Technology (23%). All but Self-Employment are amongst the top 10 occupational goals by Standard Occupational Code (SOC) in consumer employment plans in the MRCIS Case Management System. The high interest amongst consumers in Self-Employment may be a function of the economy driving more people to go into self-employment. A number of consumers desired additional information on self-employment.
7. Only 32% of consumers indicated that they are aware of the Independent Living Center in their area. Individuals with psychological disabilities, younger consumers, and those in the South and North District tended to be less aware of ILCs compared to consumers with other types of disabilities.
8. Transportation continues to be an area of great need for MRC consumers. The most important and needed transportation services and options listed by consumers are public transportation (21%), the Donated Vehicle Program (18%), driver's education and training (10%), the Transportation Access Pass (10%), information about transportation options (7%), and The Ride/paratransit (7%).
9. 36% of consumers find transportation to be a potential barrier to obtaining employment. Common reasons for how transportation is a barrier include inability to access jobs via public transportation, the cost of transportation, reliability and the time required to travel via public transit or paratransit, lack of access to a vehicle, lack of a driver's license, and the distance to available jobs.
10. The most important and needed Community Living services indicated by responding consumers were affordable, accessible housing and the Mass Access Housing Registry (59%), accessible recreational services (48%), the Consumer Involvement Program (40%), the Individual Consumer Consultant (ICC) program (39%), home care (33%), assistive technology (33%), and home modification (32%).
11. When factoring out consumers who indicate they do not require Community Living services, approximately 86% of MRC consumers indicated that MRC's services were somewhat or extremely useful in assisting them to maintain independence in the community. Many consumers reflected how the MRC's assistance has been tremendously valuable. Many consumers, however, were not aware of some or all of the CL services provided by the MRC. Others indicated they do not require CL services.

12. Finding affordable and accessible housing remains a challenge for many consumers due to economic conditions and the high cost of living in Massachusetts. The Independent Living Centers may be able to assist consumers in this area, and counselors may be able to refer consumers to other resources as well.
13. A total of 18% of consumers feel they require additional services and supports. This number has fallen by about 5% since 2011. These services include job placement and job training, financial assistance, transportation, affordable and accessible housing, information on available service, assistive technology, and services and supports from other state agencies.
14. The most important single service consumers are receiving includes job placement and job search services, assistance with college education, job training, vocational counseling and guidance, assistive technology, transportation, and assistance with obtaining supplies for school and work.
15. The majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. MRC counselors are at least somewhat satisfied with most services provided to consumers, including internal job placement services, services from Community Rehabilitation Providers, and education and training provided to consumers by schools and colleges. Communication with consumers and providers was also identified by counselors as an area for improvement. Counselors identified some areas that would assist them in doing their job better, including improved support and resources for job placement, increased information on job leads for consumers, additional job readiness trainings, and continued enhancements to the MRCIS system, among others.
16. Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also are somewhat or very satisfied with CRP services. Improved communication and information flow between CRPs and MRC staff may assist in improving service delivery to consumers and lead to more successful employment outcomes. Recent vendor expansion efforts appear to have addressed CRP capacity needs, but there still appears to be additional capacity needed in certain geographic areas and for certain populations.
17. There are areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to consumers. Specific areas include refresher trainings on the MRCIS case management system as well as on VR best practices, policies, and procedures and proper documentation of records.

18. The MRC has identified Asian and Pacific Islanders as being slightly underserved by the MRC's Vocational Rehabilitation program compared to their proportion in the overall state population. It is important to note that proportionally Asians have been the fastest growing group amongst all ethnic and racial groups served by the MRC's VR program over the last 10 years. This is also true in the state's general population. It is recommended that the MRC continue its outreach efforts to Asian communities. MRC has translated key agency marketing and information materials and is also working on translating all MRCIS correspondence letters into several Asian languages common in Massachusetts including Mandarin Chinese, Vietnamese, and Khmer as part of its Language Access Plan.

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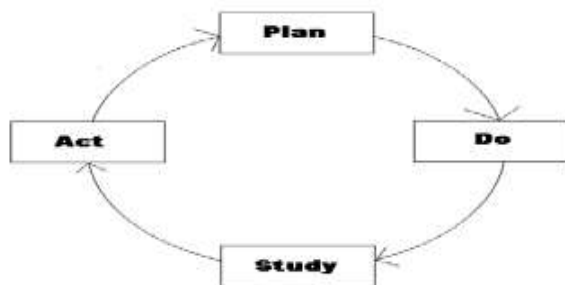
Introduction

The Massachusetts Rehabilitation Commission (MRC), in cooperation with the State Rehabilitation Council (SRC), has conducted its eighth annual comprehensive statewide study of consumer service needs. This year's Comprehensive Statewide VR Consumer Needs Assessment (CSNA) was conducted in the Fall of 2014. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment least every three years, but the MRC conducts this process on an annual basis with the information and findings incorporated into the MRC's State Plan for Vocational Rehabilitation, Strategic Planning, and Quality Assurance Activities.

MRC's Continuous Quality Improvement System, including the CSNA, is based on the Plan, Do, Study, Act (PDSA) quality improvement model developed by Dr. Walter Shewart and Dr. W. Edwards Deming (*Figure 1*).

Figure 1:

PDSA Model: The to key quality improvement is through a PDSA cycle



The purpose of this study is twofold: to provide agency management with detailed information regarding the needs of the consumers served by the MRC, and to fulfill the federal requirement that the agency conduct a needs assessment at least every three years as part of the State Plan. The MRC and the SRC have determined that conducting a needs assessment of consumers every year provides agency management with detailed and timely information regarding the needs of MRC consumers, including the need for supported employment.

The goal of the CSNA is to provide agency staff with short and long term data on consumer needs to drive improvements to Vocational Rehabilitation and other related MRC programs. In addition to

assessing the overall needs of the MRC's consumer population and individuals with disabilities in Massachusetts, the CSNA process seeks to identify the VR service needs of individuals with significant disabilities including the need for supported employment, determining the needs of individuals with disabilities from diverse ethnic and racial backgrounds, individuals who may be underserved or unserved by the MRC's VR program, the needs of individuals with disabilities served through the overall Massachusetts workforce investment system, and to evaluate the need to create and improve community rehabilitation programs. MRC plans to enhance the CSNA process to incorporate new requirements and to collect key data and information to assist the agency in successful implementation of the Workforce Innovation and Opportunity Act (WIOA).

The agency utilizes the results of the CSNA to assist in crafting the goals and priorities for the agency, defining avenues for resources that will form the determination of goals and priorities for the years to come. This information also informs MRC program development and special project activities by documenting the need for grant funded programs and new initiatives meeting the vocational needs of citizens with disabilities in the Commonwealth of Massachusetts. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the MRC's State Plan, Strategic Plan, and continuous quality improvement processes. The information is also disseminated through the MRC's public website.

The CSNA process consists of a consumer survey, focus groups, analysis of key statistical and demographic information and facts, and collaboration and discussion with the SRC and other key stakeholders. Findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys are also incorporated into the CSNA. The MRC and the SRC have developed a committee of MRC staff, SRC representatives, and other stakeholders to manage the CSNA process to ensure the CSNA is comprised of a wide array of information to determine the service needs of citizens with disabilities within Massachusetts as well as provide input on the assessment of the needs of consumers served by the MRC. The committee reviews the CSNA process each year to enhance and modify the process as needed to ensure it captures a wide range of information, both quantitative and qualitative, from a wide range of participants.

This project was managed by Graham Porell and William Noone of the MRC Research, Development, and Performance Management Department. We sincerely thank the following individuals for their participation in this process:

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Changes to This Year's Comprehensive Statewide Needs Assessment Process and Instruments

As part of its overall continuous quality improvement processes, MRC seeks to continually improve the Comprehensive Statewide Needs Assessment Process in collaboration with the SRC Needs Assessment Committee. During 2014, MRC and the SRC Needs Assessment Committee continued research on best practices for CSNA processes from other VR agencies and conducted a review of relevant literature to ensure the MRC CSNA process best captures the needs of individuals with disabilities served by MRC. During the year, additional members were added to the SRC Needs Assessment Committee to enhance its membership, to ensure its effectiveness, and to ensure adequate representation across all areas.

Specific enhancements to the 2014 CSNA process included minor modifications and enhancements to the Needs Assessment survey instrument, extensive updates and enhancements to annual surveys contained under the CSNA process such as the Consumer Satisfaction Survey, a survey of community rehabilitation programs in Massachusetts, and a survey of MRC counseling staff. These changes assist in ensuring the

MRC Comprehensive Statewide Needs Assessment collects a broad source of qualitative and quantitative information to assess VR service needs in Massachusetts.

These enhancements are in addition to the continuation of information and data added to the 2013 CSNA process including information from MRC's SWOT/Strategic Plan, summary of findings from MRC's client case reviews, information on staff training needs, findings from performance-based contract reviews, the RSA Standards and Indicators, labor market information, and other related information.

In addition, focus groups continued as a regular component of the CSNA process. For the second straight year, a focus group session was conducted during the Annual Consumer Conference. The focus group consisted of a diverse group of MRC consumers representing all regions of the state. Consumers were asked a series of questions based on the questions contained in the Needs Assessment Survey. Once again the focus group yielded feedback and recommendations consistent with and complementary to the Needs Assessment Survey. In addition to the annual focus group, MRC is planning a series of more targeted focus groups for specific populations (region, MRC office, disability group, ethnic groups) to allow MRC to better assess the needs of specific populations.

The Rehabilitation Services Administration (RSA) conducted a monitoring review of MRC in Spring 2014. During the review meetings, RSA staff commended MRC on its CSNA process, particularly the successful implementation of an electronic survey process, and noted our process is among the strongest and most comprehensive in the country. Several other states have also contacted MRC for information on our CSNA process to learn about our process as they seek to revamp their Needs Assessments.

MRC has also begun exploring enhancements to the CSNA process going forward to incorporate new requirements and to collect key data and information to assist the agency in successful implementation of the Workforce Innovation and Opportunity Act (WIOA). A pilot employer survey is being planned for early 2015 as part of this effort.

Finally, there were some minor modifications made to this year's Needs Assessment survey instrument based on input from the SRC Needs Assessment Subcommittee. First, a number of questions were reordered and question options alphabetized to simplify the flow through the survey. A question was

added to the survey to capture information about consumers' preferred method of communication to enhance communication with consumers. Finally, the question asking consumers to identify how they were referred to MRC was removed from the survey as this information can be collected from the MRCIS case management system and linked to responses through a code on the email invitation as it is with other demographic information.

Findings and Results from 2014 Needs Assessment Survey and Focus Group:

Survey Methodology

The 2014 Needs Assessment survey, a significant component of MRC's Needs Assessment process, was administered electronically using Survey Monkey, an online survey tool frequently used by MRC's Research, Development, and Performance Management Department (R&D). Survey Monkey is both accessible and user-friendly to participants and survey researchers. This marked the fifth year that the Needs Assessment survey has been successfully administered through this method. MRC R&D staff use SurveyMonkey.com to send a survey web link to consumers via email using R&D's special survey email address. R&D staff closely monitor this address to monitor bounced emails, to respond to questions and concerns raised by survey participants, and to assist consumers with any difficulties they were having with the survey. All consumers were given the opportunity to complete the survey through alternative formats or method upon request.

The 2014 survey utilized a sampling frame that included all individuals in Active Service Statuses (12, 16, 18, 20, 22, and 24) as of September 1, 2014, consistent with the past three Needs Assessment surveys. Emails with a link to the survey were sent to all consumers in these statuses with an email address in the MRCIS case management system. This approach generated a total of 5,498 consumers with email addresses or 31.2% out of a total of 19,542 consumers in these statuses. The proportion of consumers in the sampling frame with email addresses increased for the fifth straight year, increasing 3.1% from 2013, where 28.1% of active consumers in these statuses had email addresses. MRC continues efforts to increase the proportion of consumers with email addresses in the MRCIS case management system. The importance of recording and maintaining current consumer email addresses in MRCIS has been through staff trainings and mentioned at management meetings and new counselor training. In 2015, the MRCIS system will be rolling out an enhancement to allow letters to be emailed directly to consumers. It is expected that this effort will lead to a further increase in email addresses in MRCIS.

It is important to note that some data entry issues were found with email addresses that rendered some email addresses useless for survey purposes. Common data entry mistakes included typographical errors in the email address or that the email address field was used as an additional note field to record other pieces of data which belong elsewhere. The number of instances where non-relevant data was in the email address is significantly lower than the level seen in previous years. Once again, it must also be noted that some consumer email addresses were of an inappropriate nature, which could be detrimental to a consumer's efforts to find employment. Finally, there were a number of addresses which were no longer active. In some instances, we were able to send emails to a new address based on automated return messages with the new email address listed. It is recommended that staff update consumer email addresses in the system regularly to facilitate improved communication with consumers.

Before the survey was sent out, Survey Monkey identified a total of 802 addresses which were invalid or had opted out from previous surveys sent out to those addresses. The proportion of addresses affected was comparable to 2013. Therefore, a total of 5,526 emails with survey links were sent to MRC consumers on September 8, 2014, with email reminders sent to non-responders after one, two, and three and a half weeks, with the survey closing on October 15, 2014. We had 322 emails immediately bounced back as invalid or inactive email accounts and 47 consumers opted out of receiving surveys yielding a potential response group of 5,157 consumers. A total of 1,325 consumers responded to the survey, for a response rate of 25.2%, comparable to last year's response rate of 27.2% and the 2012 response rate of 24.5%. The number of responses to the survey exceeded the amount of 643 required to make statistically significant conclusions at the 99% confidence level according to the Raosoft.com Sample Size Calculator by 682 responses. There was a margin of error of 2.6%. The number of responding consumers increased by 149 or 12.7% from 2013, and the number of consumers who were offered the opportunity to participate increased by 19.4% from 2013. The number of bounced back emails also decreased in number and proportion from 2013. The survey remained open for approximately five weeks.

All Survey responses were downloaded from SurveyMonkey.com and matched with MRCIS demographic data based on the Client ID. Results were then analyzed using statistical software for fixed response questions. Open-ended questions were analyzed using a point analysis to rank common responses. All open ended responses were reviewed and any responses that were deemed to require additional individual follow-up were referred to the MRC Ombudsman's office for follow-up action.

Limitations

A series of analyses were conducted to compare survey respondents to the overall population of consumers in the targeted statuses to check for any significant differences which may exist between the overall survey sample and the general population of MRC consumers in the targeted statuses in terms of demographic characteristics such as gender, race/ethnicity, age, primary disability, and other similar variables. (For a list of disability category groupings, see page 110.)

The analysis revealed that the consumer sample for the Needs Assessment contained some variations from the overall population in terms of Gender, Primary Disability, Primary Source of Support, Level of Education at Application, Region, Race, and Age. Most variations were similar to those found in the 2012 and 2013 survey samples. This translated to a slight overrepresentation in the sample of female consumers, African-Americans, individuals with Sensory or Communicative disabilities, middle-aged consumers (age 30 to 49), consumers whose primary source of support is personal income, and consumers with higher educational attainment. There was some underrepresentation of consumers under the age of 30, those with psychological disabilities, consumers from the West District, and consumers of white/Caucasian racial backgrounds.

While many of these variations were found to be statistically significant, the strength of the relationships were on the weak side, and are not enough to have an impact on the outcome of the survey. Several of the relationships were weaker than they were in previous years, such as Primary Source of Support, Region, and Age. It is expected that as the number and proportion of emails increase in the MRCIS system that these variations will likely reduce. In addition, the number of total responses to the survey (1,325) was more than double the number (643) required to make statistically significant conclusions at a 99% percent interval according to the Raosoft.com sample size calculator. The margin of error was also quite low at 2.6%. Therefore, our conclusion is that the survey methodology was valid for 2014. We will continue to monitor this for future Needs Assessment surveys.

Demographics of Respondents

Demographic data on survey respondents is extracted directly out of the MRCIS Case Management system and linked to the survey responses on Survey Monkey using a code number, the MRCIS Client ID. This process eliminates the need to have demographic questions contained within the survey itself, shortening the overall survey, and also ensures the inclusion of more accurate demographic information for comparison with the overall MRC consumer population.

Responses were received from consumers across the state. A total of 39% of respondents were from the South District, 34% from the North District, and 27% from the West District (Note: District affiliations are based on how the offices are coded in the MRCIS system). This is a uniform response which is very consistent with the overall consumer population in the targeted service statuses. A detailed list and chart of responses rates by Area Office can be found in the Appendix document. In terms of current Vocational Rehabilitation status, the majority of consumers responding to the survey were in job training and education status (67%) (Status 18), followed by Job Ready/Search (15%) (Status 20), and physical and mental restoration services (10%) (Status 16). There are no significant differences to these proportions compared to the general MRC consumer population for these statuses except for a slight underrepresentation of consumers in service interrupted status (Status 24). This is not surprising as consumers in this status often have some type of personal, medical, or other situation requiring them to temporarily not be able to continue with their VR service program. Therefore, this could reduce the response rate for consumers in this status.

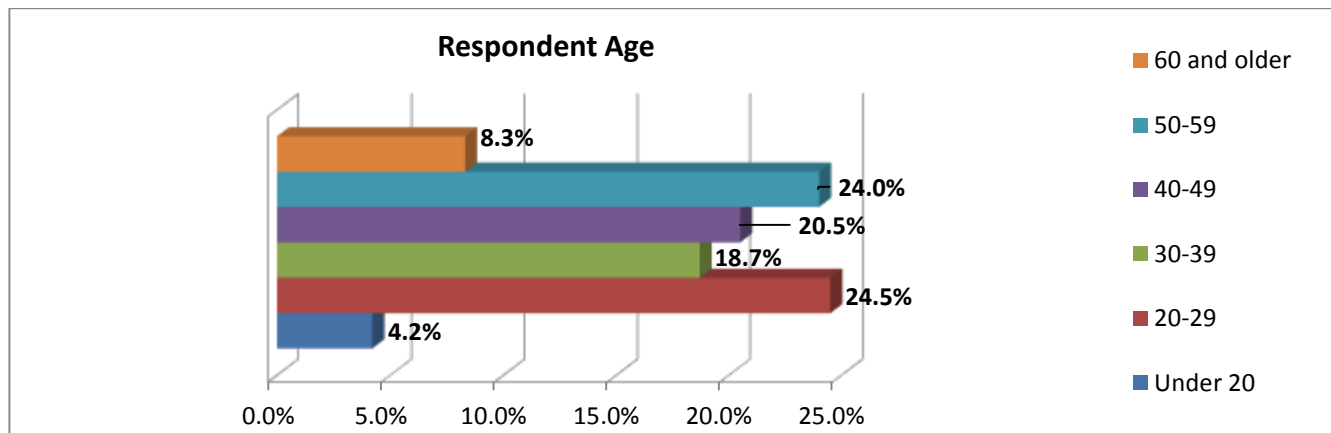
Figure 2

Current VR Status of Respondents		
Status	2014 Percent	#
Training	66.7%	880
Job Ready	14.7%	194
Restoration	10.2%	134
Job Placement	4.8%	63
Interrupted Service	2.2%	29
IPE Completed	1.4%	19

As with previous Needs Assessment surveys, respondents were distributed fairly equally by gender, with slightly more females responding to the survey (56%) compared to men (44%). The proportion of women responding versus men increased slightly when compared to previous years. The number of females responding to the survey is slightly higher than their overall rate in the general MRC population. In terms of age, respondents were on average slightly older than the larger population of MRC consumers, and

there was a slight underrepresentation of consumers under the age of 30. The average age of respondents was 40.4 years compared to about 36.4 years for the general population. This is a consistent pattern seen in past Needs Assessment Surveys. The largest group of respondents was comprised of consumers between the ages of 20-29 (25%), followed by consumers aged 50-59, (24%), and by consumers aged 40-49 (21%). Individuals of transition age (16-22) comprised 20% of all respondents, an increase of 3% from the 2013 survey, and 6% from the 2012 survey. This suggests progress is being made in terms of obtaining responses from younger consumers but efforts to increase responses from transition-aged consumers should continue to be a focus, especially with the increased emphasis in WIOA on serving youths with disabilities.

Figure 3



In terms of race/ethnicity, 77% of respondents identify themselves as being White/Caucasian, followed by African-Americans (20%), Hispanics (9%), and Asian/Pacific Islanders (4%). These proportions do not vary much from the overall MRC population, except for a slightly smaller amount of Hispanic and White/Caucasian consumers among respondents. The proportion of Hispanic consumers in the sample was consistent with the general MRC population and the number of Hispanic respondents increased by 43% from 2013. Despite the improvement, MRC should translate the Needs Assessment Survey into Spanish and other languages to increase access consistent with MRC's Language Access Plan. This is being explored for 2015. Overall, the proportion of minority respondents increased by 5.9% from the 2013 survey.

Figure 4

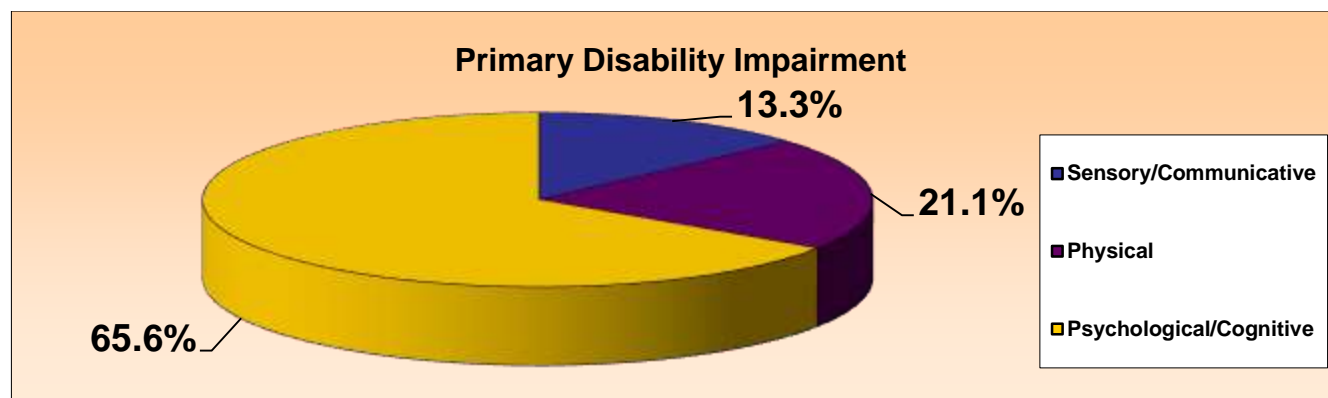
Race/Ethnicity of Respondents*		
Race/Ethnicity	2014 Percent	#
Native American	0.5%	7
Asian/Pacific Islander	4.2%	55
African American	19.9%	263

Hispanic	8.5%	112
White	77.4%	1021

* Multiple Response Category: Percentages do not equal 100%

In terms of primary disability, the largest proportion of survey respondents were consumers with psychiatric, cognitive, or learning disabilities, who comprised 66% of all respondents. This was followed by consumers with physical disabilities (21%), and by consumers with sensory or communicative impairments (13%). Consumers with sensory or communicative disabilities were slightly overrepresented among respondents and consumers with psychological disabilities were slightly underrepresented among respondents when compared with the overall consumer population. This variation has been decreasing over the past several years as the proportion of consumers with psychological disabilities responding to the survey has increased by 8% from the 2012 survey. **Note these definitions of disability are based on the RSA Disability Impairment Codes (See Page 114 for list of codes and how they were rolled up into these categories)**

Figure 5



As found in past years, the overwhelming majority of responding consumers had completed a high school level or greater level of education at the time of application for MRC VR services. However, as found with previous surveys, respondents tended to have a higher level of education when compared to the overall population of consumers in the selected status groups. A total of 21 % percent of consumers had completed a bachelor's level college degree or higher as of the time of application. Also, open-ended responses indicate that a number of consumers are currently attending college or other higher educational programs through the MRC Vocational Rehabilitation program. A continued focus on collecting valid email addresses for consumers in the MRCIS system, as well as reminding staff to ensure that any consumers without emails receive assistance in setting up an email account, may be useful in reducing the differences with MRC general population in terms of education level in the future.

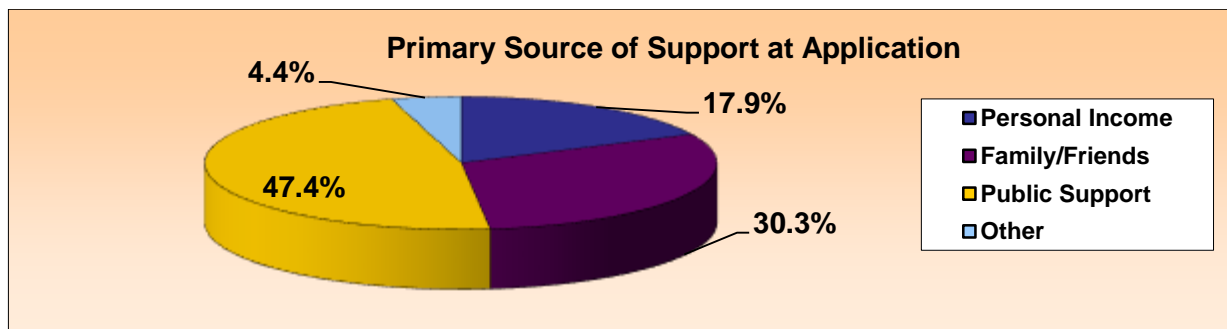
Figure 6

Education of Respondents at Application		
	2014 Percent	#
Less than High School	15.6%	206
High School Graduate/Spec Ed Certificate	24.4%	321
Some College, No Degree	25.3%	333
Associates Degree/Certificate	13.4%	177
Bachelors/Post Graduate Degree	21.3%	281

Public benefits was the most common primary source of support among responding consumers at time of application for MRC services. Just over 47% of respondents rely primarily on public benefits, which is consistent with the level in the overall MRC population. This was followed by support from family and friends (30%) and personal income (18%). A slightly larger proportion of consumers reported they rely on personal income when compared to the general MRC population, and a smaller proportion of consumers indicated their primary source of support is family and friends compared to the overall MRC consumer population.

The most common public benefit received by respondents was Social Security Disability Insurance (SSDI) (27%), followed by Supplemental Security Income (SSI) (16%). These figures are generally consistent with those in the general MRC consumer population. In addition, it is also important to remember that the consumer population targeted for the Needs Assessment has not completed their VR program and some of these individuals may move off of public benefits once they obtain employment.

Figure 7



In terms of health insurance, 96% of respondents reported they receive health insurance coverage (at time of application for VR), primarily through MassHealth (Medicaid) (55%), followed by other private insurance (25%), Medicare (19%), and Employer-sponsored insurance (5%). The large number of consumers with other private insurance is likely related to the mandate in the Affordable Care Act (ACA)

and the Commonwealth's health insurance mandate in place prior to the ACA. In addition, MRC has seen a decreasing trend in consumers with employer sponsored health insurance, both at time of application, and at time of closure over the past five years. MRC has learned through information on VR consumers tracked in the EHS Results Performance Management System that due to the implementation of the Affordable Care Act, it appears that some employers are passing on health insurance to their employees by having them purchase insurance through exchanges such as the Massachusetts Health Connector. This seems to be more pronounced amongst younger consumers.

Figure 8

Health Insurance Type at Application		
Insurance	2014 Percent	#
Medicaid	54.5%	719
Private Insurance	25.3%	334
Medicare	19.2%	253
Employer Insurance	4.5%	60
No Insurance	3.9%	51
Other Public Insurance	0.4%	5
Worker's Compensation	0.4%	5

Consumers were referred to MRC for Vocational Rehabilitation services from a variety of different referral sources. (See Figure 9). As mentioned earlier, referral source information is coming from the MRCIS system this year rather than being asked in the survey. The most common referral source was self-referral (43%), followed by other sources (19%), elementary/secondary schools (13%), Community Rehabilitation Providers (10%), and Medical Health Providers (8%).

Figure 9

MRC Referral Source		
Referral Source	2014	#
Self-Referral	42.8%	565
Other Sources	19.3%	254
Elementary/Secondary School	13.0%	171
Community Rehabilitation Provider/Program	9.9%	130
Public or Private Medical Health Provider	7.7%	102
College/University	2.7%	35
Career Center	2.5%	33
Social Security Administration	1.3%	17
State Welfare Agency (DTA)	0.7%	9
Family/Friends	0.2%	2
Public or Private Mental Health Provider	0.1%	1

Consumers were also asked to specify how long they have been receiving VR services from the MRC. Nearly 85% of consumers report they have been receiving MRC services for 4 years or less, with 59% receiving services for 2 years or less. These figures make sense as the average length of time from application to closure is about 2.75 years for successful cases and 3.5 years for unsuccessful cases. The largest group of respondents indicated they have been receiving services for 1 to 2 years (33%), followed by 2 to 4 years (26%), and by less than a year (26%). Fewer consumers indicated they have been receiving services from MRC for over 5 years. There are few differences among demographical categories based on consumers' response to this question except for with primary disability and age. Consumers with sensory impairments were more likely to indicate themselves as long term consumers of MRC services (over 5 years) compared to those with other disabilities. Also, not surprisingly, younger consumers under age 30 and consumers of transition age were much more likely to be receiving services from MRC for shorter periods of time than older consumers.

Figure 10

How long have you been receiving services from MRC?		
Answer Options	2014 #	%
Less than 1 year	25.8%	337
1 to 2 years	33.1%	433
3 to 4 years	25.6%	334
5 to 9 years	10.9%	142
10 years or more	4.7%	61

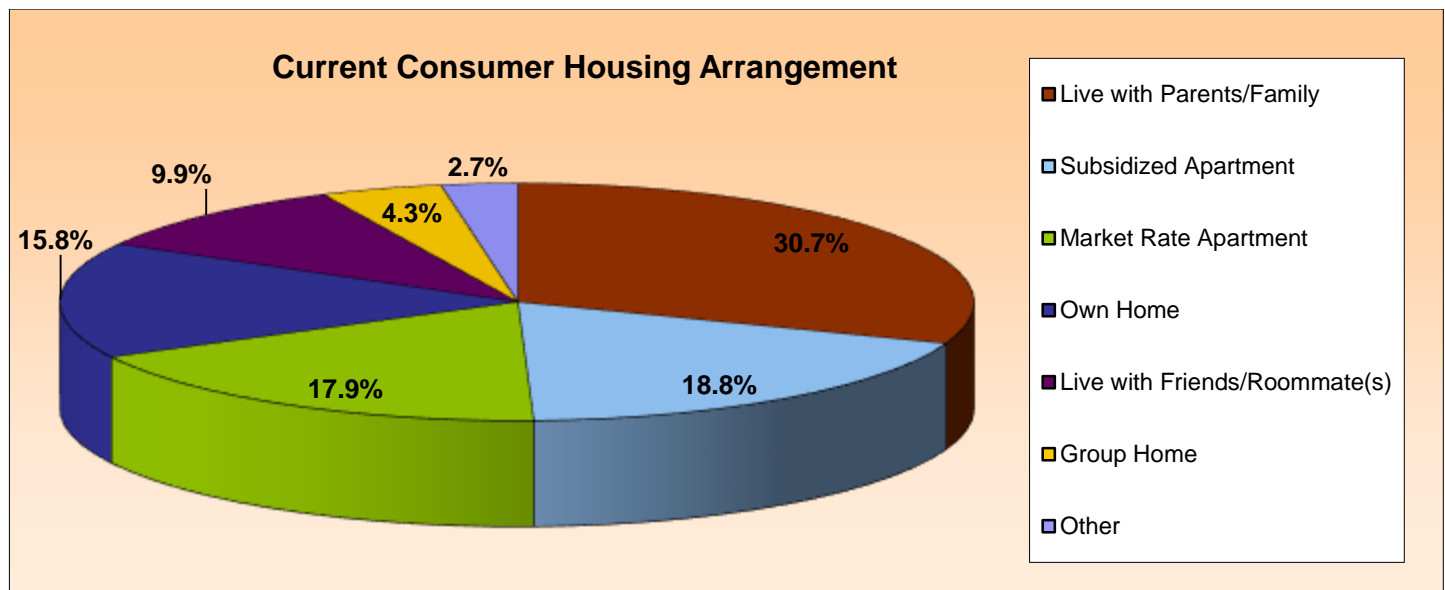
Consumer Housing Arrangements

The Needs Assessment survey asks consumers to specify their current housing situation. As demonstrated in the section on Community Living service needs, finding affordable and accessible housing remains a very significant service need amongst individuals with disabilities and is a challenge which faces many MRC consumers. MRC recently conducted two surveys of staff regarding consumer housing and homelessness issue whose findings reinforced the fact that housing is a significant issue for many MRC consumers. This is a systemic issue which requires effort on the local, state, and federal level, and cannot be directly addressed by MRC as it is not a housing agency.

The most common current housing situation reported by consumers was living with their parents or family (31%), followed by living in a subsidized apartment (19%), renting an apartment at market rate (18%), owning their own home (16%), and living with friends or roommates (10%). These numbers are

generally consistent with those found in the 2013 survey except for a 3% decrease in the proportion of consumers indicating they own their own home. There was also a slight increase in the proportion of consumers indicating they live in a subsidized apartment (i.e. public housing, Section 8) from 2013 as this moved past renting a market rate apartment to the second most common housing arrangement. These results continue to demonstrate that affordable housing is a major challenge to MRC's consumer population especially given the high cost of housing in Massachusetts.

Figure 11



Consumer Preferred Method of Communication

This year's survey added a new question to assist in determining MRC consumers' preferred methods of communication. Many consumers have indicated over the past several years in the Needs Assessment that they would like more electronic means of communication with MRC. Improving communication between consumers and MRC counselors has also been a consistent theme in general, both on the counselor and consumer ends. This question is intended to assist with this process by creating a starting point in gathering information on how MRC can learn how to best communicate with its consumers.

The most common preferred communication method listed by consumers was email (64%), followed by face to face communication (40%), via cellphone (25%), traditional mail (17%), home/work phone (15%), and text message (10%), and by other methods (2%). Some common responses listed under "other" included communication via videophone, Skype, or that there is no preference. It must be noted that given

the survey was conducted electronically and sent out by email that these preferences may differ from the MRC consumer population as a whole. Therefore, this question is proposed to be included in a future enhancement to MRCIS to allow collecting of this data for all consumers.

Figure 12

Preferred Method of Contact		
Contact Method	2014 Percent	#
Email	63.9%	838
Face to Face Communication	40.1%	526
Cellphone	25.2%	331
Mail	17.2%	226
Phone (Home/Work)	14.8%	194
Text Message	9.6%	126
Other	1.9%	25

Analysis of MRC Consumer Vocational Rehabilitation Service Needs

A primary goal of the Needs Assessment survey is to assist in assessing the VR service needs of MRC Vocational Rehabilitation consumers, including the need for supported employment, as part of the overall MRC CSNA process. Consumers are asked to rate how important core VR services are to them on a rating scale (very important, somewhat important, not important, or not applicable) in terms of their needs to obtain competitive employment.

Responding consumers generally indicated that all core VR services are important to them and are needed services, consistent with previous findings. These results suggest that a large majority of MRC consumers require multiple vocational rehabilitation services in order to attain their vocational goals and to remain employed. In addition, the findings again indicate that a number of consumers appear to require supported employment services or ongoing employment supports. Open-ended comments throughout the survey also support the finding that a number of consumers require or may require ongoing and extended supports upon obtaining employment.

The most important and needed services indicated by consumers were job placement (89%), career counseling (84%), supported employment services to assist in choosing, obtaining, and maintaining employment (80%), benefits planning (78%), ongoing supports to assist in maintaining employment (74%), job coaching or on-the-job training (71%), and college education (68%). Other important and needed services listed by many respondents included vocational training and self-employment. Fewer

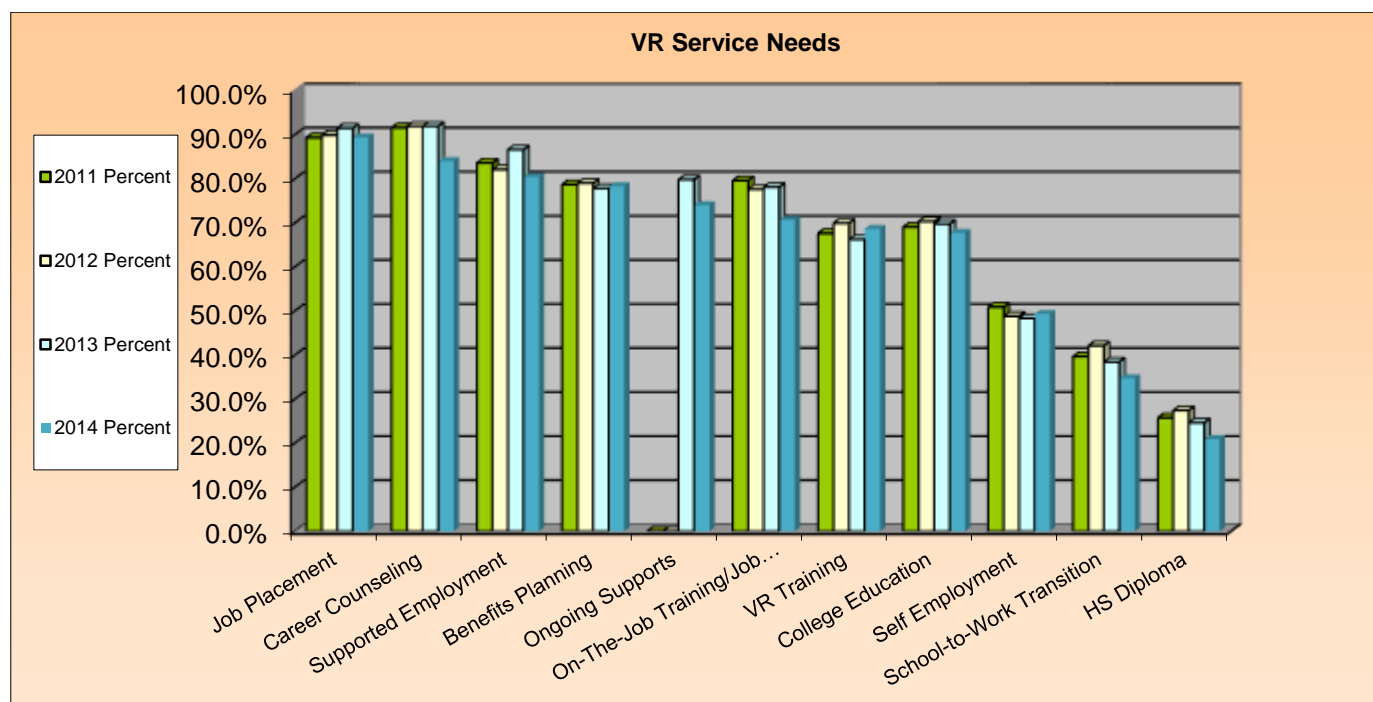
consumer indicated that assistance transitioning from high school to work or college (35%), and obtaining a high school diploma or GED (21%) were important and needed services. This is not a surprising finding given that school-to-work transition services target only youth consumers and that the majority of survey respondents already possess a high school level education. Among individuals with less than a high school education at application, 91% indicate that transition services to assist in transitioning from high school to college and employment is either somewhat or very important, and 78% indicate that obtaining a GED or high school diploma is either somewhat or very important to them.

The findings on VR service needs are generally consistent with the data from previous years' reports. Over a four year period of data from the survey, as seen in the table below, there have been dips and valleys in the need for some services from year to year. There were several dips in this year's survey in the area of career counseling and on-the-job training which may be outliers given the historical patterns in this area but should be watched as it may be an indication of changing needs among some consumers.

Figure 13

VR Service Needs					
Respondents Answering Very or Somewhat Important					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	4 Year Variance
Job Placement	89.3%	89.9%	91.5%	89.4%	0.05%
Career Counseling	91.6%	91.9%	91.9%	84.0%	-7.60%
Supported Employment	83.6%	82.1%	86.6%	80.4%	-3.20%
Benefits Planning	78.7%	79.0%	77.8%	78.3%	-0.37%
Ongoing Supports	NA	NA	79.8%	74.0%	NA
On-The-Job Training/Job Coaching	79.6%	77.6%	78.1%	70.6%	-8.97%
VR Training	67.6%	69.9%	66.2%	68.6%	1.00%
College Education	69.0%	70.3%	69.7%	67.7%	-1.34%
Self Employment	50.9%	48.8%	48.3%	49.3%	-1.58%
School-to-Work Transition	39.6%	42.1%	38.4%	34.7%	-4.95%
HS Diploma	25.7%	27.4%	24.6%	20.9%	-4.85%

Figure 13a



Additional analysis was conducted to determine if there were any significant variations in the level of importance and need for these key VR services based on demographic categories such as region, age, gender, race/ethnicity, primary disability, educational attainment, and primary source of support. No significant variations were found between the need for VR services based on region. Analysis of the results indicated some statistically significant variations in the level of importance and need for some VR services based on particular demographic categories, mainly based on race/ethnicity, level of education at time of application to MRC, gender, primary source of support, and primary disability.

Significant variations were found with school-to-work transition services and the need to obtain a high school diploma or a college degree. Not surprisingly, younger consumers are much more likely to rate transition services and obtaining high school and/or college degrees as an important need. Also, not surprisingly, individuals with lower levels of educational attainment were much more likely to see obtaining a high school diploma and/or a college degree as an important need compared to consumers with higher levels of educational attainment. These findings were strong and are consistent with past results in Needs Assessment surveys. Also, African-Americans and Hispanic consumers were slightly more likely to find obtaining a high school diploma and transition from school to work as an important and needed service than other ethnic/racial groups.

Notable variations also existed in the need for self-employment services in terms of race/ethnicity and age. African-American consumers were once again more likely to rate self-employment as an important service need compared to White consumers. In addition, older consumers were more likely to find self-employment as an important need.

Significant variations also were discovered in the importance of college education as a VR service need based on primary disability, and gender. Consumers with psychological or cognitive disabilities were more likely to see assistance obtaining a college degree as a needed service compared to consumers with other disabilities. (See page 110 for a key of disability categories.) In addition, women consumers responding to the survey were more likely to see college education as a very important service compared to male respondents.

There was also some notable variation in terms of the importance of job coaching and on-the-job training based on level of education. Consumers with a high school or less than high school level of education were much more likely to rate job coaching and on-the-job training as important services. Consumers with an associate's degree or certificate level of education also tended to rate these services as being of high importance.

Significant variations were also found related to Benefits Planning services in terms of primary disability, gender and primary source of support. Women and individuals whose primary source of support is public benefits were slightly more likely to find benefits planning as an important and needed service compared to other consumers. Consumers with psychological and cognitive impairments were more likely to find benefits planning as important compared to those with sensory impairments. Finally, in terms of the need for ongoing and extended supports, individuals who rely primarily on public support (SSI, SSDI, TANF, etc.) indicated a slightly higher need for supported employment services than other consumers.

Analysis was also conducted to investigate correlations between the need for different core vocational services. The findings once again demonstrate a high degree of correlation between the need for nearly all of the VR services in line, consistent with past results. This is not surprising as a large percentage of MRC consumers require multiple services and have both the interest in and the need for a range of

educational and vocational services to meet their vocational goals based on their individual needs, preferences, choices, and abilities. In addition, this may be associated with the fact that a large majority of the consumers served by MRC have psychological or cognitive impairments as a primary disability. (See page 110 for a key of disability group categories.) Some of these consumers have very complex needs which require multiple services and supports, including supported employment and ongoing and extended supports.

Some of the strongest correlations were found between obtaining a high school diploma or GED and school-to-work transition services, on-the-job training and job coaching services to both on-going supports to maintain employment and supported employment, ongoing support services to maintain employment and supported employment services, career counseling to on-the-job training and job coaching, job training and skills development to obtaining a high school diploma, job placement and on-the-job training services, job placement to both supported employment and on-going support services, career counseling and job placement services, and between obtaining a college degree and school-to-work transition services. Overall, these findings demonstrate that there is continued significant need for multiple vocational rehabilitation services by MRC consumers across the board to assist them in reaching their vocational goals. In particular, individuals with psychological disabilities, those whose primary source of support is public benefits, and those from diverse ethnic and racial backgrounds appear to have stronger needs for multiple vocational rehabilitation services in some areas, particularly job coaching and on-the-job training, college education, and benefits planning.

Importance of Job Characteristics to Consumers

In order to ensure that MRC best meets the needs of its consumers through finding good job matches, it is important to know what consumers are looking for in a job as these consumers are either in the process of searching for a job or will be searching for a job in the relatively near future. In the survey, respondents were asked to rank the importance of certain job characteristics to them. These characteristics ranged from hours worked per week to vacation time and job satisfaction, location of the job in terms of transportation, among others.

The overwhelming majority of consumers responding to the survey felt that all of the listed job characteristics were important. All listed characteristics were found to be important by over 80% of

consumers responding to the survey, and there was little variation in the responses when compared to 2013 or looking at a four year trend. The most important characteristics in a job identified by consumers as very important or somewhat important were a friendly job environment (95%), job satisfaction and personal interests (95%), and earning a living wage (94%), followed by adequate hours worked per week (94%), vacation and other leave benefits (89%), and promotional opportunities (88%). Once again, these high rates of response indicate that obtaining adequate employment meeting their interests and needs is very important to most MRC VR consumers.

As noted before, there has been little change in consumer opinion on the importance of these characteristics across the last 4 Needs Assessment surveys. There has been a slight increase in consumers seeing a friendly environment as important and a slight decrease in health insurance and location/accessibility to transportation as important job characteristics over the past 4 years.

Figure 14

Work Needs Respondents Answering Very or Somewhat Important					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	Variance
Friendly Environment	94.7%	95.1%	95.3%	95.4%	0.7%
Job Satisfaction/Interests	94.8%	95.1%	95.8%	95.2%	0.4%
Living Wage	94.5%	94.9%	94.6%	94.2%	-0.3%
Adequate Hours	93.8%	95.1%	93.7%	93.5%	-0.3%
Vacation/Sick/Personal Time	88.1%	89.8%	88.8%	88.6%	0.5%
Promotion	88.6%	91.0%	88.8%	87.9%	-0.7%
Pension/Retirement Benefits	83.1%	85.7%	84.1%	84.3%	1.2%
Health Insurance	85.1%	86.6%	85.0%	83.6%	-1.5%
Location/Accessible to Transportation	85.9%	84.3%	85.8%	83.1%	-2.8%

The analysis of the findings revealed variations in terms of respondents' opinions on these job characteristics based on disability, race/ethnicity, gender, region, and age. In all of these cases, it is important to note that despite statistically significant variations being found, the majority of all consumers in these demographic categories still saw these characteristics as somewhat or very important despite the variations. As seen in previous years' findings, White respondents were much less likely to find health insurance benefits, promotional opportunities, pension/retirement benefits, earning an adequate wage, working an adequate number of hours, and accessibility to transportation as very important job characteristics compared to respondents of other racial and ethnic backgrounds, most notably to African-Americans. Asian consumers were also slightly less likely to find working an adequate number of hours

as important. The strength of this relationship is most notable in terms of pension and retirement benefits. Additionally, female consumers were more likely to find vacation, sick, and other leave benefits, earning a living wage, working in a friendly environment, accessibility to transportation, and an adequate number of hours worked as important job characteristics compared to male respondents. On the other hand, men were more likely to see promotional opportunities as important when compared to women.

Additionally, more consumers with psychological impairments found a friendly job environment and job location and accessibility to transportation to be important job characteristics than other disability groups. Older consumers, especially those over 40 years of age, found retirement and pension benefits to be a very important job characteristic compared to younger consumers, especially those consumers in their 20s. In terms of district, a slightly higher number of consumers in the South District rated retirement and pension benefits as a very important job characteristics compared to the other two regions. Responding consumers from the North District also saw location and accessibility of a job to transportation as more important compared to the other two districts.

Jobs/Occupational Areas of Interest to Consumers

As part of the Needs Assessment survey, consumers are asked to identify specific occupational areas that interest them in terms of finding employment. The goal is to gather information to assist with job development and placement activities by MRC's employment and placement specialists, and to compare and complement data from the MRCIS Case Management System regarding jobs consumers are looking for in their individualized employment plans versus what jobs consumers are obtaining, as well as with what is available in the labor market. (See Figure 15)

The most common occupational areas of interest identified through the survey were:

Community/Social/Human Services (36%), followed by Administrative (29%), Health Care (29%), Self-Employment (26%), Customer Service (25%), Computers/Information Technology (23%), and Arts/Entertainment (21%). These results are very consistent with those found in last year's survey and with the most recent annual analysis of consumer Individualized Plan for Employment (IPE) goals in the MRCIS Case Management System. All of these categories except for self-employment are amongst the Top 10 occupational goals by Standardized Occupational Code (SOC) categories in actively served consumers' IPEs in 2014, and Community and Social Services, Office/Administrative Support, and

Health Care Support were amongst the top 3 categories in consumer IPEs in FY2014. The high level of interest in Self-employment services may be related to the economy as more consumers may be interested in entering self-employment due to a more challenging and competitive job market. A number of open-ended responses in the survey again demonstrated a strong interest among many consumers in self-employment services offered by MRC.

Figure 15

Consumer Occupational Areas of Interest as Indicated by Survey* Response		
Occupational Area	% of Consumers Interested	# of Consumers Interested
Community/ Social/ Human Services	35.6%	427
Administrative	29.2%	351
Health Care	29.1%	350
Self-Employment	26.1%	314
Customer Service	24.8%	298
Computers/Information Technology	22.5%	270
Arts/Entertainment	20.8%	250
Education/Childcare	17.7%	212
Management	15.2%	183
Warehouse/Stock/Inventory	11.7%	140
Food Service	11.2%	135
Retail	10.9%	131
Engineering/Science	10.5%	126
Transportation	8.9%	107
Maintenance/Repair	8.9%	107
Marketing/Sales	8.7%	105
Financial	8.4%	101
Legal	7.4%	89
Manufacturing	6.0%	72
Other (please specify)	5.5%	66
Military/Law Enforcement/Safety	5.3%	64

* Multiple Response Category: Percentages do not equal 100%

Effectiveness of MRC Services in Meeting Consumer VR Needs

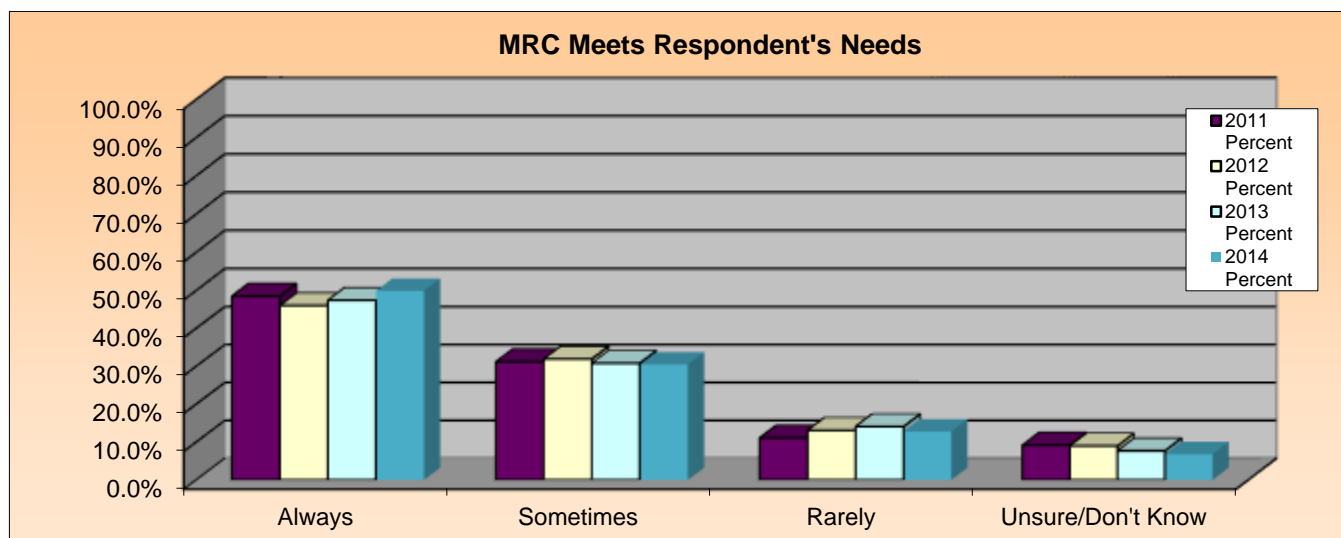
As part of the survey, MRC consumers were asked to evaluate how effective MRC is in meeting their VR service needs. Consumers were asked to rate the MRC's effectiveness in meeting their vocational service needs on a four point scale of always, sometimes, rarely, or unsure/don't know. In total, 80% of consumers indicated MRC was addressing at least some of their VR service needs, an increase of about

2% from 2013. Specifically, 50% of consumer respondents indicated the MRC always meets their needs, and 31% indicated the MRC sometimes meets their needs. The proportion of respondents indicating the MRC rarely meets their VR service needs (13%) decreased by 1% from 2013, but has increased by 2% over the past four years.

Figure 16

MRC Meets Respondent's Needs					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	Variance
Always	48.5%	46.0%	47.4%	49.9%	1.4%
Sometimes	31.2%	31.9%	30.8%	30.5%	-0.7%
Rarely	11.1%	13.1%	14.1%	12.8%	1.7%
Unsure/Don't Know	9.2%	9.0%	7.7%	6.8%	-2.4%

Figure 16a



Additional analysis was also conducted to determine if there were any significant variations in consumer opinion on how MRC is meeting their VR needs based on demographic and other variables. Statistically significant differences were found between consumer responses based on identified service need, length of time receiving services, disability, and level of education. First, consumers indicating they have been receiving services from MRC for over 10 years, and those with bachelor's degrees or a higher level of education were slightly more likely to rate MRC as rarely meeting their vocational service needs compared to other consumers. In addition, consumers with psychological and cognitive disabilities were more likely to see MRC as always meeting their VR needs when compared to consumers with physical

and sensory disabilities. Finally, consumers who see school-to-work transition services, job training, home modification, and/or college education as important and needed services are more likely to feel MRC is meeting their VR service needs. The strength of the relationship is strongest for those who see college education as an important need.

This question was followed by an open-ended question allowing people to explain their responses. As was the case in previous years, the majority of comments (65%) were of a positive nature, 21% could be characterized as neutral, and 14% could be considered negative or constructive comments. The proportion of positive comments increased slightly and the proportion of negative and neutral comments declined slightly compared to 2013. Consistent with what has been found in the Needs Assessment survey in the past, a majority of the comments can be characterized as being either process-oriented comments or outcome-oriented comments. Process-oriented comments generally revolved around the MRC VR process and how the consumer is treated by their counselor, MRC staff, and service providers, and about specific services. Outcome-oriented comments generally related to consumer goal achievements such as finishing college or a training program, or obtaining a job meeting their needs and/or interests.

Overall there was a significant amount of positive feedback from consumers about their experiences with the MRC and their VR counselors. This has been a consistent finding in past Needs Assessments and in the Consumers Satisfaction Survey. In their responses, numerous consumers expressed strong appreciation and gratitude for the services and assistance the MRC and its staff have provided to them as they work towards achieving their employment goals. Many consumers indicated their counselors, as well as MRC placement staff have provided a tremendous benefit through providing assistance going to college or job training programs; providing interview preparation assistance, mock interviews, and job search assistance; referrals to training programs such as the CVS Pharmacy Technician programs or to vendors; obtaining assistive devices such as hearing aids and vehicle modification; assistance with transportation; and finding other services and supports, among others. Additionally, many consumers described how their counselor's counseling and guidance, overall positive attitude, and dedication to their work have been highly beneficial in terms of staying motivated and on target to make progress toward their goals. Many consumers feel that MRC's counselors are extremely beneficial to them by just being someone to reach out to about their journey through the VR process, and that counselors provide the

motivation to consumers to keep them positive and involved as they seek to meet their employment goals and overcome barriers in a difficult and complex job searching environment.

Once again, it was evident that many individuals served by MRC continue to experience difficult times due to the economy, health issues, difficulties with obtaining and financing transportation, and with financing education, housing, and other expenses, among others. It also seems that a number of consumers may benefit from referrals to services provided by other agencies and organizations.

Again this year, a number of consumer comments suggest that some consumers experience difficulties getting in touch or communicating with their MRC VR counselor. Some consumers indicated their phone calls, emails, or other messages are not consistently answered or returned, or they have been waiting for long periods of time without contact with their counselor. In addition, a number of comments referenced difficulties created by staff turnover amongst counselors due to retirements or position vacancies. Also, a handful of comments referenced differences or inconsistency between services and processes between different MRC VR offices and between different counselors. Due to the high amount of consumers currently actively served by MRC, these comments suggest the number of cases in a counselor's caseload may be creating difficulties for counselors in maintaining contact with consumers and that the high level of staff retirements and attrition that has taken place over the past several years may be creating difficulties for some consumers.

Other issues raised by consumers included perceived delays in receiving services or finding jobs; difficulty finding placements that meet their interests and expectations, and jobs matching their abilities and skills; difficulty or communication issues between MRC and schools, colleges, and/or service provider agencies; and perceived limited information on MRC services, procedures, and policies. Confusion over self-employment services, difficulties with financial paperwork between MRC and schools and colleges was also voiced by some consumers. As with last year, it appears there may be some level of misunderstanding between MRC and some of its consumers about what the agency can and cannot do to assist them in their efforts to secure employment opportunities. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement in the VR process to assist them in moving towards their goals. These misunderstandings and perceptions impact consumers' expectations of the MRC. These themes were also evident in

responses to the 2014 Counselor Satisfaction Survey. Also, a number of consumers commented they found employment on their own. Some also implied their cases had been closed, which is interesting given the sample for the survey was consumers in active statuses. Several consumers also indicated they were not interested in finding work.

Examples of consumer comments include:

- “MRC has been an invaluable tool in allowing me to pursue my college education, and future employment.”
- “I am grateful for Mass. Rehabilitation's services, and concern for helping me to regain my confidence, and give me a second chance to rise above adversity. Thank You to all. I will always be grateful.”
- MRC has provided services such as purchase order for college but sometimes it is not on time. The financial aid office is very sensitive and I do not want to get pressured a by financial aid officer.”
- “My counselor has been very flexible in adapting to my needs and interests. She has helped me find various online classes to take and has directed me to other social services that answer questions and concerns that MA Rehab cannot.”
- “MRC has supplied me with counselors who have encouraged me and given me the information, time and confidence to discover what I want in a job and are helping me find that job by putting me in touch with the right people.”
- “My counselors have helped me narrow my focus and helped me market myself by working with me on my resume and interview skills. They have introduced me to recruiters and many job search websites.”
- “They helped me get a car through Good News Garage which has helped me to be more independent and get a job.”
- “In the three years since I was accepted in to the MRC program, all three of my assigned case workers have left MRC's employ, or moved to another department. The first was after just two weeks, the second (with whom I felt very comfortable) after about one year, and it took most of the year for me to receive a new case worker, with little communication in between.”
- “MRC has been okay, but the person I have been working with is at times hard to reach and does not respond to e-mails.”
- “I was offered the opportunity to do a CVS training. I was very apprehensive about it but I thought it was worth a try. So I did it. I did my best and did very well.”
- “My phone calls and email are returned very quickly. Any/all questions are answered and assistance with school/college is great. My case worker is Fantastic!”
- “MRC helped me with preparing an updated resume that employers are looking for. The classes helped me in all area of employment. Such as resume writing, employment search tools and reviewing the last posting by the unemployment office, questions that will be asked during an interview and what type of questions I should be asking the potential employer. How to act during an interview, what to wear, how to deal with conflicts with your boss or other co-workers. I've been out of work for a couple of years and without the help of MRC I would be lost.”

- “I have found my current job due to the help the MRC center in Springfield. They have gone above and beyond to help me. They even invited a local branch manager of Citizens bank in to talk to me, and that's how I got hired.”
- “I have been given mixed information at times. My counselor was out on medical leave and no one contacted me for five months, until I called.”
- “Yes, MRC has met me more than halfway on everything. They have set up meetings with people from other agencies that I had no idea even existed, and those people have also been very helpful to me.”
- “My counselor and job placement coordinator have been very supportive and encouraging. They are always there for me if I need to talk.”
- “My counselor has been phenomenal. She (and MRC) have helped me get to a point in my life that I had never achieved. I now have a new career and things are really look up for me. Thank you.”

The survey also asked consumers to explain, based on their experience, if and how the MRC is not meeting their needs. Just over half of the responses indicated that the question was not applicable or the MRC is meeting specific consumers' needs. The most common reasons cited by consumers as to how they feel the MRC is not meeting their needs are as follows:

1. Difficulty maintaining communication with their counselor.
2. Goals never reached or consumer has not obtained employment yet.
3. Need for additional follow through or difficulty accessing job search services.
4. Staff turnover and frequent changes/transfers to different counselors.
5. More information and guidance on available services and supports would be useful, including referrals to other agencies and supports.
6. Need for additional job leads or matching job leads.

These responses were generally consistent with what was seen last year. It is important to remember these are actively served consumers, so most have not obtained sustained employment at the time the survey was administered. Other reasons cited by consumers on how the MRC is not meeting their needs seem very much related to economic difficulties which may have made it difficult for consumers to obtain and maintain employment. Once again, there also appears to be a misunderstanding with some consumers on what MRC can and cannot do for them and about their contribution to the VR process. Some consumers also mentioned that they are having difficulty reaching their goals due to their higher level of education and that MRC's system does not always match with their needs. Others expressed frustration in finding employment due to having a criminal record (CORI), communication issues with vendors, or expressed difficulties receiving some services in a timely fashion.

Examples of consumer comments include:

- “MRC has been very helpful, but I have problems reaching my counselor when I need her for something important like payments or when I have questions. I wish MRC could improve their way of helping counselors stay more connected with their clients.”
- “Job suggestions and info were not forwarded and followed through with at all times. For example, I was told a prospective employer would be contacted with my resume and background, and then I wouldn't hear back from the MRC employee.”
- “I wish MRC had more "clout" with state universities to work together with them to provide better on campus services.”
- “The only thing where MRC is not meeting my needs is that I would like to meet with my MRC counselor a bit more often.”
- “Not entirely sure about services available. I feel that what MRC has to offer is not explained clearly.”
- “MRC has not met my needs on finding me a job, however I know it is very difficult to find a job in this economy at this time.”

Consumer Satisfaction with their Involvement in the Individualized Plan for Employment (IPE) Process:

Consumers are asked to rate their satisfaction with their involvement in the development of their Individualized Plan for Employment (IPE) and to comment on their experience in this area. These questions allow closer examination and evaluation of this critical element of the VR process.

Overall, the majority of consumers (79%) are satisfied or very satisfied with their involvement in the development of their IPE. Half of all consumers (50%) indicated they were very satisfied, 29% satisfied, 10% dissatisfied, and 11% very dissatisfied with the development of their IPE. These results are similar to those from 2013, with a small increase in consumers being very satisfied or very dissatisfied with their involvement in the development of their IPE. The results also show a very strong association between responding consumers who feel that MRC is always or sometimes meeting their VR needs and with consumers who are satisfied with their involvement in their IPE. Vice versa, consumers who were dissatisfied with their development of their IPE were much more likely to feel that MRC is not meeting their VR needs. There also were statistically significant variations between consumers based on length of time as a consumer, level of education, and individual service needs. Respondents with a bachelor's degree or higher level of education and those consumers receiving services for over 10 years were less likely to be satisfied with the development of their IPE. Consumers seeing high school to work transition services, college education, job training, and/or assistive technology as important tended to be more satisfied with the development of their IPE.

Figure 17

How satisfied are you with your involvement in the development of your MRC Individualized Plan for Employment (IPE)?			
Answer Options	Response Percent	Response Count	2013 Percent
1 = Very Satisfied	50.4%	562	49.6%
2 = Somewhat Satisfied	28.9%	322	28.9%
3 = Somewhat Dissatisfied	9.5%	106	11.0%
4 = Very Dissatisfied	11.3%	126	9.5%

This question was followed by an open-ended question allowing people to explain their responses. The majority of responses were positive and many of the themes that emerged in the responses closely mirrored those in the previous question about how MRC is meeting consumers' vocational needs.

As with the question on how MRC is meeting consumers' VR service needs, a great deal of the comments contain very positive feedback from consumers about their experiences with the MRC and their VR counselors. Many consumers indicated they were very satisfied with their involvement in the development in their IPE and how their counselor has been responsive and open to their suggestions, interests, choices, and needs. Additionally, many also expressed the fact that their IPE development was a joint effort and was guided by their (consumer) input. As with the previous question, numerous consumers again voiced their strong appreciation and gratitude for the assistance and services the MRC and its staff provide and how their IPEs outline this path. Some consumers also indicated that their plan is adjusted and amended by their counselor as needed to account for their changing needs. These responses are consistent with those from last year.

On the other hand, some consumers voiced dissatisfaction, concerns, or confusion over their involvement in the development of their IPE. A number of consumers indicated they were not aware of their IPE. In many of these instances, it appears that it could be a terminology issue where consumers may not be aware of the term Individualized Plan for Employment or are confusing the term for something else. All consumers were at least in Status 12, so an initial IPE would have been completed to get to that point.

Some consumers also mentioned that they had not seen or were not very familiar with their IPE, and some asked if they could receive a copy. As seen in other questions, difficulty maintaining communication with

counselors also came up in some responses to this question. Concerns some consumers raised over their involvement in their IPE development included perceptions by some consumers that their interests or choices were not completely considered by their counselor, that elements of the plan were not working, or that the plan was outdated and needed to be amended or changed. Several consumers also mentioned that their disability prevented their involvement in their IPE development.

Examples of consumer comments include:

- "My counselor has been very diligent in developing my IPE, and has made adjustments when necessary."
- "I feel that I have had a good impact on the implementation of my plan. I came up with the plan and had total control along with the counselor in implementing it."
- "I feel that my plan has been done well with the help of my caseworker and put together to fit my needs/services. Could not be more satisfied."
- "I'm not sure what my IPE says. Don't have a copy. Don't know what is on it. All I know is I see my counselor once a year."
- "My input was taken into consideration when developing my IPE. My counselor is wonderful to work with. He has been very clear on how he can assist me and how MRC can as well. Every visit we revisit the IPE to see what my goals are and if there are any adjustments that need to be made. He is very supportive and positive and truly listens to what I need."
- "I don't know anything about the IPE."
- "After developing the IPE the counselor rarely visited the issue or invited me for a progress review."

Community Living Service Needs

Another important element of the Comprehensive Statewide Needs Assessment covered in the Needs survey is to evaluate consumer need for various Community Living (CL) services offered by MRC which include brain injury case management services, assistive technology, home care services, and vehicle modification, among others. A number of these services are services funded through VR grant funds that are provided to VR consumers as part of their IPE. The most frequent community living need reported by consumers was once again affordable, accessible housing (the Massachusetts Access Housing Registry), as 59% of consumers indicated this was a somewhat or very important need to them. Other important community living services identified as needed and important by consumers included accessible recreation (48%), the Consumer Involvement Program (40%), the Individual Consumer Consultant (ICC) program (39%), home care services (33%), assistive technology (33%), home modification (32%), and Supported Living (31%).

Compared to other areas of the Needs Assessment survey, there has been more variability both up and down in terms of the response percentages for particular Community Living services. However, the overall pattern of needs remains fairly consistent with those from previous years, with housing, recreation, home care, and assistive technology, and home modification consistently being reported among the top CL service needs by responding consumers (the ICC program, Supported Living, and Consumer Involvement programs were added to the survey for the first time in 2014). It also should be noted that there was more variability between 2013 and 2014 than what has been seen between other years. Notable changes over the past four years include a slight downward trend in the need for home modification services, while there has been more variability in other areas such as assistive technology, recreation, brain injury services, and vehicle modification. Also, the proportion of consumers who identified affordable and accessible housing as an important need decreased for the 3rd straight year from the high level point in the 2011 survey. Some of this is likely tied to the fact that starting in 2012 the survey language was modified to clarify that MRC's primary service in this area is the Massachusetts Accessible Housing Registry (MassAccess). It remains evident from open-ended responses throughout the survey that housing continues to be a very significant issue for many consumers as they continue to struggle with the high costs of living in Massachusetts coupled with pressures from continued economic uncertainty.

Figure 18

Respondents Answering Very or Somewhat Important					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	Variance
Affordable Housing (Mass Access Housing Registry)	75.0%	67.8%	65.7%	58.6%	-16.4%
Recreation	40.2%	41.5%	33.0%	48.0%	7.8%
Consumer Involvement Program	NA	NA	29.2%	39.6%	NA
Individual Consumer Consultant (ICC) Program	NA	NA	32.2%	38.7%	NA
Home Care Services	28.5%	28.5%	26.5%	33.1%	4.6%
Assistive Technology	22.8%	27.8%	20.8%	33.0%	10.2%
Home Modification	37.9%	37.4%	32.3%	32.3%	-5.6%
Supported Living Services	NA	NA	25.4%	30.5%	NA
BISSCS	18.8%	16.7%	15.0%	23.8%	5.0%
Personal Care Attendant (PCA)	17.2%	17.9%	15.8%	21.2%	4.0%
Vehicle Modification	17.4%	17.5%	14.8%	20.3%	2.9%

There were some variations in community living needs among consumers based on some demographic categories. The most notable finding is that women were more likely than men to see most of the listed

community living services as important and needed services. This finding was true for all services except accessible recreation, affordable housing (Mass Access Housing Registry). This finding has been found in the Needs Assessment survey in the past. Past research has indicated that women may be more likely to seek healthcare services than men (See Bertakis, et al, 2000). Perhaps this also extends to human services and Community Living services as well. There were also significant variations among consumers based on primary disability. Many of these variations have been consistent findings over the last several years. There was a significantly higher need for assistive technology among individuals with sensory and physical disabilities relative to those with psychological disabilities. Also, not surprisingly, individuals with physical disabilities also indicated a higher need for personal care attendant and vehicle modification services. Also, individuals with psychological disabilities were more likely to see brain injury case management services as important compared to those with other impairments.

In terms of race/ethnicity, a higher degree of need was reported among African-American consumers for affordable housing as well as accessible recreation compared to other ethnic and racial groups, especially with White/Caucasians. White/Caucasian consumers were also less likely to rate PCA and Supported Living services as important and needed services than those in other racial/ethnic groups. Finally, consumers who rely primarily on public benefits demonstrated a higher need for affordable housing. There were no significant variations found amongst consumer respondents by age, education, and region.

Similar to that found amongst Vocational Rehabilitation service needs, analysis of the findings suggests a high level of correlation amongst all of the Community Living services in terms of consumer need. This is extremely consistent with past findings in the Needs Assessment. Some of the strongest correlations were between the need for supported living and personal care attendant services, vehicle modification services with PCA services, brain injury services with Consumer Involvement and vehicle modification, personal care attendant, consumer involvement, and home care services. Very strong correlations were also found between assistive technology services and home modification, vehicle modification, personal care attendant, and brain injury services; the need for personal care attendant services and home care services, home modification, and brain injury services; the need for home care services with supported living services, home modification services, and vehicle modification; the need for supported living services and vehicle modification, and assistive technology, and between Consumer Involvement and the Individual Consumer Consultant program. These findings again suggest many

individuals with disabilities served by the MRC VR program who need community living services, some of which are part of the VR program, often require multiple services and supports to assist them with their efforts to obtain competitive employment and maintain or live a more independent life.

MRC Community Living Service Effectiveness

Consumers are asked to rate how effective MRC's services were in supporting their ability to maintain their independence in the community on a scale of very useful, somewhat useful, not at all useful, or not applicable. Overall, 61% of consumers indicated MRC's services were somewhat or extremely effective in assisting them to maintain their independence in the community, a notable increase of about 6% from 2013 results. Only 10% of consumers indicated the MRC's services were not useful toward meeting their community living needs, a decrease of 1.9% from 2013. Finally, 28% of consumers indicated that the question was not applicable to their situation or they were unsure. This fact is not surprising as many VR consumers either may not be receiving and/or may not require community living services to achieve their goals. When factoring out this group of consumers who answered not applicable, 86% of consumers found MRC services to be at least somewhat useful towards maintaining their independence in the community and only 14% of the MRC consumers did not find MRC services to be effective in this area.

Figure 19

MRC Services Assist with Maintaining Independence					
Answer Options	Response Percent	Response Count	2013	2012	2011
1 = Not At All Helpful	10.2%	111	12.1%	12.5%	9.8%
2 = Somewhat Helpful	26.7%	289	28.4%	26.9%	29.2%
3 = Extremely Helpful	34.7%	376	26.3%	29.5%	30.4%
4 = Not Applicable/Unsure/Don't Know	28.3%	307	33.1%	31.1%	30.6%

As with the question on VR needs, this question was followed by an open-ended question asking consumers to explain their response. Overall, 40% of the comments were of a positive nature, 47% could be characterized as neutral, and 13% could be considered negative or constructive comments. As with the responses on VR service effectiveness, many of the comments can be portrayed as being either process-oriented comments or outcome-oriented comments. The proportion of positive comments increased by about 6% from 2013 and there was also a slight increase in negative/constructive comments and a small decrease in neutral open-ended comments.

Many of the comments reflect very highly upon the services the MRC and its staff deliver to assist consumers with living and working in the community. A number of consumers stated how they have made tremendous strides in their lives thanks to the services and supports they are receiving through the MRC and its partners. Many consumers also expressed praise regarding the assistance provided by the MRC in obtaining assistive technology, home modifications, and referrals to other resources to assist in improving their independence and finding employment. Many consumers also noted that while they currently do not need Community Living services, that these services are critical to those consumers who require them.

Similar to what was found in the responses to the question on VR services, it is evident that many consumers are facing difficulties related to obtaining housing and the effects of continued economic issues. In addition, numerous consumers noted financial difficulties in paying for housing, education, transportation, medical care and other expenses. Common themes raised by consumers included difficulty obtaining housing, employment, legal assistance, adequate health care, and transportation. Many consumers also noted ongoing struggles with health or family-related issues.

Once again, it is apparent in the responses that a number of consumers are not aware of the Community Living services available through the MRC, some of which are funded by VR grant dollars and available to VR consumers who need them. A number of consumers indicated they were not told about or were not aware of some or all of the Community Living services potentially available to them. Finally, consistent with the findings from other parts of the needs assessment, some consumers noted difficulty staying in contact with their MRC VR counselor, difficulties due to staff turnover amongst counselors, perceived delays in receiving services or finding jobs, and difficulty or communication issues between MRC and service provider agencies, among others.

Examples of consumer comments include:

- “MRC has been critically important in helping me frame my ability to work within my abilities, and my team has been incredibly valuable in helping me understand what I can do, rather than what I cannot do.”
- “My hearing aids are absolutely necessary to my working and volunteering activities.”
- “The services are very useful. Without the help you have given me I would not know which way I would turn.”

- “I don’t have any knowledge of any community living assistance provided by MRC.”
- “My counselor has been so helpful, kind, and supportive. She helped me realize that this is possible for me. Starting with MRC is one of the best things I’ve ever done for myself.”
- MRC has helped me with equipment for all my educational needs. They have given me the tools to survive and be independent. I would recommend this to anyone who needs them.”
- I am unaware of some services available. I wish I had been given a list of services when I first became a client. I need adaptations to my home, for example.”
- “My counselor has been invaluable in supporting my quest for work, and my need for hearing aids, assistive equipment, and career direction.”

Consumer Awareness of Independent Living Centers (ILCs)

The Needs Assessment Survey asks consumers if they are aware of the Independent Living Center (ILC) in their area to assist in gauging consumer knowledge of the ILCs. The ILCs are important partners to the MRC who can provide additional peer-driven supports to MRC consumers to assist them in their efforts to obtain employment and maintain independence in the community. In 2012, additional language was added into the question to reduce the possibility that consumers may only be aware of their local ILC by its particular name. Some of the names of Massachusetts’ 11 ILCs were included in the survey to reduce the possibility that the results could be skewed for this reason.

This year, 32% of respondents indicated they were aware of the ILC in their area. This is a decrease of 2% from 2013 but the level remains 6% above the 2011 survey. The results demonstrate that a large portion of MRC consumers are not fully aware of the ILCs and how they can serve them. ILCs provide important peer counseling services to consumers and can assist with soft skill training supports, which can assist MRC’s efforts to assist consumers in obtaining employment, amongst many other important supports and services. ILCs may also be able to assist some consumers with budgeting/financial skills and some legal services and/or advice.

A strong association was found between consumer awareness of ILCs and the primary disability of consumers. Consumers with physical and sensory impairments were generally much more aware of their local ILC when compared to those individuals with psychological impairments. This is consistent with previous findings on this question. Only 28% of consumers with psychological impairments were aware of their local ILC compared to 39% of consumers with physical disabilities, and 40% of consumers with sensory impairments. In addition, there was higher awareness of the ILCs amongst older consumers, especially those over the age of 50. Finally, there were some regional differences, as consumers in the

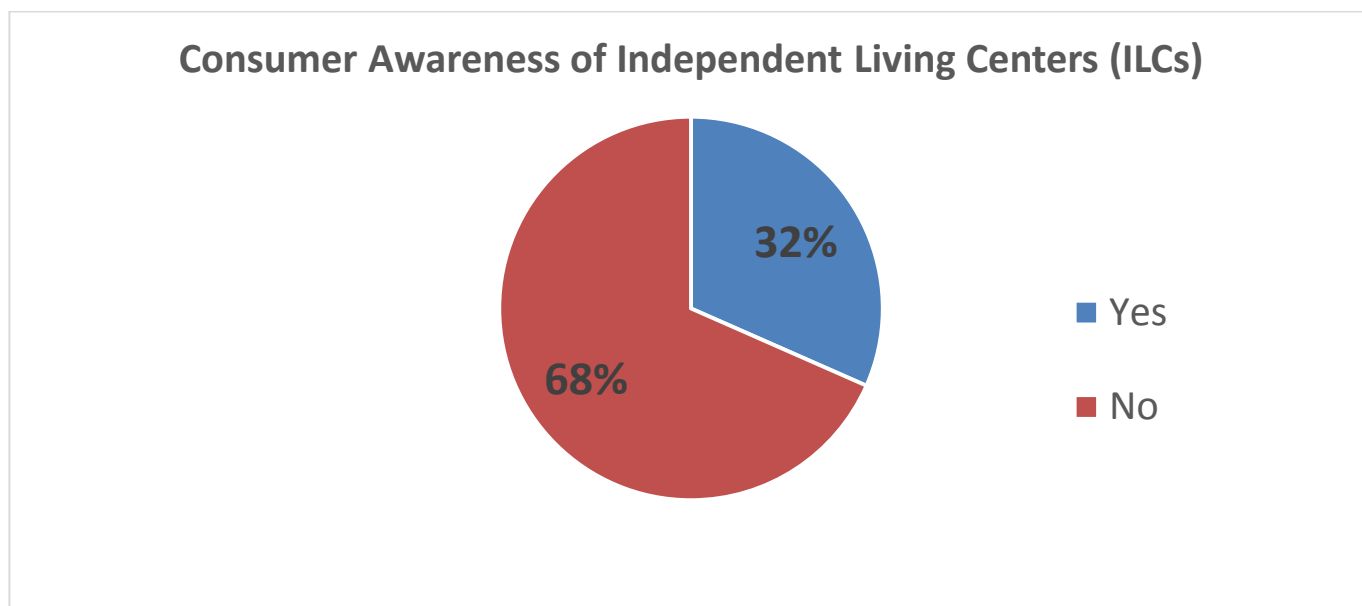
West District were more likely to have a much higher level of awareness of the ILC. 40% of West District consumers responding to the survey were aware of their local ILCs, compared to 33% from the North District and 25% from the South District.

These findings suggest the MRC should continue to work to strengthen links between VR and the ILCs for all its consumers, especially for those with psychological disabilities and those in the North and South districts. Even with changes made in WIOA to move the ILC federal program out of the Rehabilitation Services Administration, ILCs remain important partners of the VR program. Collaborations such as the VR-IL contracts and the Transitional Internship Program are a good example of beneficial collaborations with the ILCs. Once again, these findings illustrate the importance of the ILCs as important partners of the MRC to assist individuals with disabilities in meeting their needs, objectives, and goals to go to work and live independently.

Figure 20

Are you aware of the Independent Living Center (ILC) in your area run by people with disabilities?			
Answer Options	Response Percent	Response Count	2013 Percent
Yes	31.6%	333	33.6%
No	68.4%	722	66.4%

Figure 20a



Transportation Service Needs

Through the CSNA, the Consumer Satisfaction Survey, and other methods, a number of MRC consumers consistently cite transportation as a primary, persistent barrier to consumers seeking employment. As with housing, transportation is another systemic issue that affects individuals with disabilities. The Needs Assessment Survey includes questions about transportation options currently used by consumers as well as questions on transportation services that consumers need. In 2014, the most common transportation options used reported by consumers were: using their own vehicle (49%), public transportation (48%), walking (30%), and family/friends (26%). The overall pattern of responses is similar to 2013 and those from other prior years. Many of the transportation options used by consumers have seen peaks and valleys over the past four years. There has been a slight increase in consumers reporting they use a bicycle, public transportation, the Transportation Access Pass (TAP program), and car pools over the last four years while there has been a slight decrease in the number of consumers indicating they use their own vehicle for transportation. 2% of respondents did not select a response from one of the categories provided.

Figure 21

Transportation Options Currently Used*					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	4 Year Variance
Own Car	55.5%	57.4%	55.7%	49.3%	-6.2%
Public Transit	46.9%	46.3%	44.0%	47.7%	0.8%
Walk	NA	28.6%	26.6%	29.6%	NA
Family/Friends	25.6%	24.9%	24.6%	25.8%	0.2%
Bike	8.1%	8.2%	9.3%	10.2%	2.1%
TAP Pass	NA	6.4%	8.0%	8.9%	NA
Taxi	6.8%	6.5%	6.1%	8.3%	1.5%
Car Pool/Ride Sharing	4.6%	4.3%	4.8%	8.3%	3.7%
RIDE/Assisted Van	5.2%	5.9%	6.3%	5.8%	0.6%
None	2.4%	2.2%	3.4%	4.1%	1.7%
Other	7.7%	2.2%	1.3%	1.7%	-6.0%
Adaptive Van	NA	1.9%	1.1%	1.5%	NA

** Multiple Response Category: Percentages do not equal 100%*

There are some significant differences in the utilization of transportation options based on consumers' age, gender, primary disability, primary source of support, race/ethnicity, education level, and region. More female consumers use The Ride or paratransit services compared to male consumers. A higher amount of individuals with psychological disabilities indicated they use public transportation (43%) when

compared to individuals with physical (33%) and sensory disabilities (30%). The opposite was true in terms of consumers utilizing their own vehicles, as more consumers with sensory (53%) and physical (50%) impairments reported using their own car compared to those with psychological impairments (36%). Consumers with psychological disabilities also rely on family and friends for transportation more often compared to other consumers.

As found in previous years, a significantly higher number of white consumers reported using their own vehicle for transportation compared to individuals of other ethnic and racial backgrounds. The same was also true for consumers whose primary source of support is personal income. Consumers whose primary source of support is family and friends or public support were also much more likely to rely on family and friends for transportation. Racial and ethnic minorities were also more likely to indicate they use public transportation and the Transportation Access Pass (TAP). White consumers were also more likely to report using a bicycle compared to individuals from other ethnic and racial backgrounds. Finally, consumers with a less than high school level of education at application for MRC services were much less likely to use their own vehicle and more likely to rely on family and friends for transportation when compared to consumers with higher levels of educational attainment. This suggests that lower-educated consumers may be less likely to have a driver's license or to possess the financial resources to own a vehicle. The same finding was also found for younger consumers (under age 30).

Finally, consumers in the North and South Districts were much more likely to utilize public transportation as well as the TAP pass program compared to those in the West District. This is not surprising since many areas of the West District have fewer public transportation options.

Figure 22

Transportation Options Needed*					
Need Area	2011 Percent	2012 Percent	2013 Percent	2014 Percent	4 Year Variance
None	50.9%	49.3%	49.9%	50.1%	-0.8%
Public Transit	13.9%	14.5%	16.3%	20.5%	6.6%
Donated Vehicle	20.4%	16.6%	19.8%	17.9%	-2.5%
Driver Education	13.6%	11.6%	13.1%	10.3%	-3.3%
TAP Pass	NA	8.5%	7.5%	9.7%	NA
Information	10.7%	8.5%	8.4%	7.2%	-3.5%
The RIDE/Assisted Ride	5.6%	6.6%	7.6%	6.7%	1.1%

Taxi	3.8%	2.5%	3.7%	4.8%	1.0%
Car Pool	3.5%	4.9%	4.0%	4.7%	1.2%
Travel Training	3.5%	2.4%	3.6%	2.7%	-0.8%
Adaptive Vehicle	NA	2.4%	1.7%	2.2%	NA
Other	5.9%	5.9%	4.3%	2.1%	-3.8%

** Multiple Response Category: Percentages do not equal 100%*

In terms of transportation services and options needed by consumers, the most needed services are public transportation (21%), the donated vehicle program (18%), driver's education and training (10%), the Transportation Access Pass program (10%), information about transportation options (7%), and The Ride/Assisted Ride (7%). About 50% of respondents indicated they did not have any transportation service needs. These results are generally consistent with the findings over the past several years. Looking at a four year trend of results on transportation service needs from the survey, as seen in the table above, there have been slight variations in service options from year to year. Overall, there has been a slight increase in consumers needing public transit and slight up and down variations in other service needs such as the donated vehicle program, information on transportation options, and driver's education. Also, not surprisingly, individuals with their own vehicle by far indicated they do not need additional assistance with transportation.

While it has become the 5th most common transportation service need rated by MRC consumers, the relatively low number of consumers indicating they need a TAP pass compared to the proportion of consumers indicating they need public transportation suggest that many consumers may not be aware of the program. It was noted in consumer focus groups that information on the TAP program can be difficult to find. A fact sheet or informational brochure to MRC counselors and consumers on the TAP program has been developed and placed on the MRC website for dissemination to staff, consumers, and the overall public.

As evident from the results above, there is also continued high demand for the Donated Vehicle Program currently operated through a partnership with Good News Garage, behind only public transit as the most listed transportation service needed by consumers. This program is expected to continue at least through the end of FFY2015. Among those consumers who indicated they needed one or more transportation services, 35.9% indicated they could benefit from assistance through the Donated Vehicle Program.

There also appears to be a slightly higher demand for a donated vehicle amongst minority consumers and those who rely on public benefits for this program.

There were no significant variations in transportation service needs by region or gender. Not surprisingly, younger consumers aged 16 to 29 were far more likely to indicate a need for driver's education. In addition, there were variations in the need for driver's education based on race/ethnicity and education. Consumers with a high school or less than a high school education and African-American consumers were more likely to see driver's education as a needed transportation service. Individuals with psychological disabilities and those whose primary source of support is family and friends also showed a higher need for driver's education services. All of these are consistent findings over the last several years.

Also, consumers of diverse ethnic and racial backgrounds indicated a higher degree of need for public transportation. This has been a consistent finding over the past several years. The need for public transportation was highest amongst African-Americans (25%), Hispanics (18%), and Asians (11%) compared to 12% for White consumers. The same was also true for the need for the TAP pass, as White consumers were less likely to need a TAP pass compared to those from other ethnic and racial groups. Younger consumers (under age 30) and consumers with lower levels of education also saw public transit as a higher needs.

Not surprisingly, consumers with physical disabilities demonstrated a greater need for an adaptive vehicle. Finally, White consumers, individuals with sensory impairments, consumers aged 30 to 39, and consumers with higher levels of educational attainment were more likely to have no transportation service needs.

Consumer Opinion on Transportation and Does it Pose a Barrier to Employment

In 2012, a question was added to the Needs Assessment survey asking consumers specifically if transportation was a barrier to obtaining employment. Overall, 35.5% of consumers responding to the survey indicated they believe transportation poses a barrier to them obtaining employment. This represents an increase of about 3% percent compared to 2013, and about 6% from 2012. Consumers were then asked to elaborate on their answer. Once again, it is very evident from the responses that transportation presents a significant challenge to many MRC consumers across the Commonwealth.

There were significant variations in consumer opinion on this question based on consumer opinion on whether MRC is meeting their needs, primary disability, race/ethnicity and education level.

First of all, consumers that see transportation as a barrier to employment are somewhat less likely to feel that MRC is meeting all or some of their needs. In terms of disability, greater number of consumers with psychological/cognitive (40%), and physical disabilities (29%) see transportation as a barrier to employment compared to consumers with sensory impairments (26%). Individuals with a high school equivalent or less level of education at time of application for MRC VR services were also more likely to find transportation as a barrier to employment compared to consumers with higher levels of education. Consumers who do not see transportation as a barrier to employment were more likely to feel that MRC always meets their vocational service needs. The strength of this relationship was not as strong compared to what was found last year. Finally, a slightly higher level of minority consumers tended to find transportation as a barrier compared to non-minorities.

Open-ended responses demonstrate a variety of different reasons as to how consumers see transportation as a barrier to employment. The most common reason specified by consumers was once again the inability to access employment opportunities in areas with limited or no public transportation access. Other common reasons listed by consumers include the cost of transportation, including the price of gasoline, the costs to maintain, register, and insure a vehicle, and recent increases in public transportation and paratransit fares; the reliability and time needed to travel via public transit or paratransit; the fact the consumer does not own or have access to a vehicle; the consumer lacks a driver's license or needs driver's education; the distance required to travel to access available jobs; the fact many available jobs require a car or a driver's license; and health conditions and/or the nature of the consumer's disability. The pattern and frequency of these responses is comparable to 2013. A table of common responses and their frequencies are listed below in Figure 24.

Figure 23

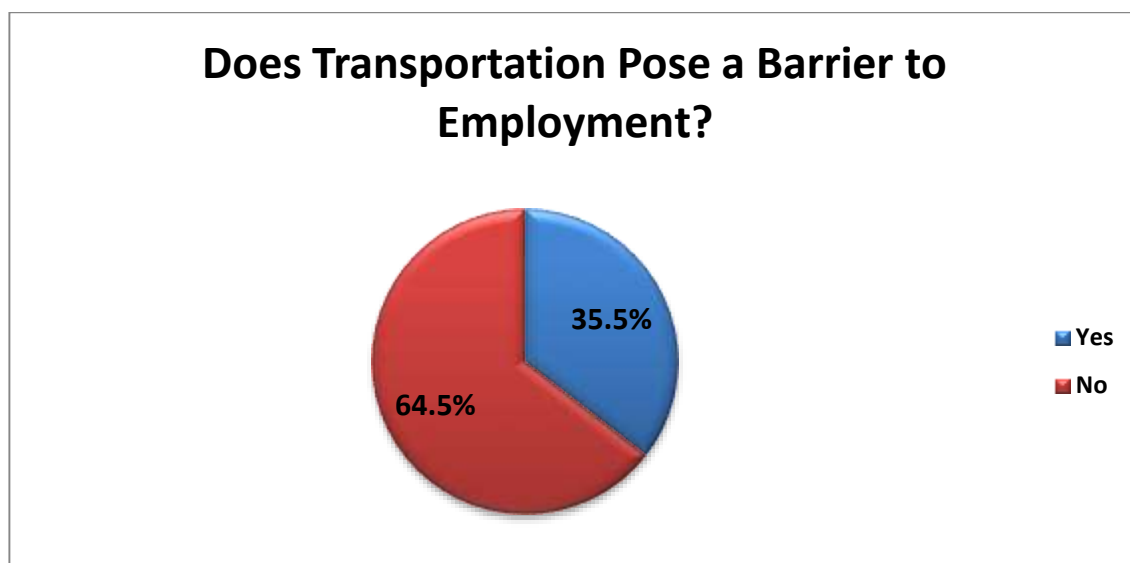


Figure 24

Open Ended Responses: Reasons Why Transportation Is A Barrier to Employment	
Reason	# of Responses
No Access to Jobs in Areas Without Transportation	49
Cost of Transportation	39
Not A Barrier	38
Reliability/Time to Travel on Public Transit/The RIDE	36
Need a Car	35
Need Driver's Education/Need Driver's License	23
Distance to Jobs/Location	19
Potentially a Barrier	19
Available Jobs Require a Car	18
Health Conditions/Nature of Disability	15
Other	15
Must Rely on Others for Transportation	13
Fear of Driving/Using Public Transit	4
Lost License Because of DUI	2
Only Can Telecommute	2
Need Travel Training	1
No Parking Available	1
Weather Conditions	1

Consumer Needs for Additional Services and Open-Ended Responses

The final section of the Needs Assessment survey instrument is focused on consumer needs for additional services, and includes four additional open-ended questions about service needs. The first question inquires whether consumers require any additional services or supports not addressed in the survey. 18%

of respondents indicated they need additional services and supports not addressed in previous questions, down 0.3% from 2013; 37% felt they did not require other services, and 45% were unsure or didn't know whether they needed other services. This year's results were fairly consistent with the findings from the 2013 survey. Notable trends include a four year trend of a slight decrease in consumers who indicate they require other services, and a small increase in consumers over the same period of time who indicated they do not need additional services.

Figure 25

Does Consumer Need Other Services?					
	2011 Percent	2012 Percent	2013 Percent	2014 Percent	Variance
Yes	22.8%	19.8%	18.4%	18.1%	-4.7%
No	34.7%	33.8%	33.9%	37.1%	2.4%
Unsure/Don't Know	42.6%	46.4%	47.6%	44.8%	2.2%

There were significant variations in consumer opinion on this question based on answers to other survey questions. No significant variations were found this year in terms of demographic categories. Those consumers who were most satisfied with the development of their IPE as well as those consumers who indicated that MRC is sometimes or always meeting their VR needs were much less likely to respond that they require additional services. The opposite is true for consumers less satisfied with their IPE development and those who feel MRC is rarely meeting their VR needs, as they were more likely to indicate they need additional services. Additionally, those consumers indicating that transportation is a barrier to employment were far more likely to feel they require additional services. On the other hand, those consumers who do not need any additional transportation services were much less likely to indicate they need additional services.

This question was followed by an open-ended question asking consumers to list these needed services not addressed in the survey. The distribution of responses to this question is listed below in Figure 26. Affordable and accessible housing was the most commonly listed additional service need, followed by job training and education, other supportive services from other agencies and organizations outside MRC such as the Department of Mental Health or Department of Developmental Services, job search assistance and networking, and transportation. These were the top four responses in 2012 albeit in a slightly different order, but the frequencies were consistent with 2012.

Other frequent service needs listed by consumers included information on available services, financial assistance, MRC counseling and guidance, job placement services, transportation, assistive technology, and assistance and/or information on self-employment opportunities. Compared to 2013, there was a notable increase in affordable, accessible housing, and supports provided by other agencies as additional service needs. The themes of housing, financial assistance, and supports from other agencies were persistent in responses throughout the survey. It is clear consumers continue to face a challenging environment of the high cost of living in Massachusetts coupled with other challenges such as resource limitations for some services.

Figure 26

Open Ended Responses: Other Services Needed	
Need	# of Responses
Affordable, Accessible Housing	38
Job Training/Education	16
Other Supportive Services (DMH, DDS, etc.)	16
Job Search Assistance/Networking	15
Transportation	15
Information About Available Services	14
Financial Assistance	12
MRC Counseling	12
Job Placement Services	11
Assistive Technology	7
Self-Employment/Assistance Starting a Business	7
Health Insurance/Information about Health Care	5
Donated Vehicle Program	4
Job Coaching	4
CORI Support	4
Mental Health Counseling	4
Driver's Education	3
Benefits Planning	3
Career Assessment	3
On-The-Job Training	3
Home Care Services	2
Services from Independent Living Centers	2
Support Groups	2
Tutoring	2
Home Accessibility Modifications	2
Clothing for Interviews	2
Social/Recreation Opportunities	2
Communication	2
Coordination with Other Agencies	2
LD/ADHD Services	1

Coordination with College Disability Office	1
Employer Partnerships	1
Legal Assistance	1
Family Counseling	1
Ongoing Support Services	1
Travel Training	1
Service Dog	1
Soft Skills Training	1
Speech Therapy	1

The second open-ended question asked consumers to list the most important service they are currently receiving. Once again, job placement and job search services was the most frequent response listed by consumers. This was followed by assistance with college tuition and other related expenses. Both of these responses have been consistently ranked among the most important services being received by consumers over the past four years. This makes sense as over 60% of survey respondents were in education and job training status as of the time it was administered. Other frequent responses included education and job training services, MRC counseling and guidance, assistive technology, transportation services, financial assistance, and supplies for school and work. The frequency of job placement and job search services being reported as the most important service being received by consumers increased from 2013, and has risen steadily over the past four years. Over the same time period, MRC has continued efforts to strongly emphasize job placement through enhancement of its internal job placement resources, strengthening employer outreach efforts, and focused on improving performance in its contracted employment services. The findings suggest that these efforts likely have had a positive impact on the quality of services to consumers.

Once again, there were a number of consumers listing “not receiving services” as a response. Once again, this was one of the top 5 responses, ranking 5th, down from 4th last year, and 3rd in 2012. The frequency of this response has decreased steadily over the past two years, which is a good sign. The continued prevalence of this response is notable because the sample is drawn from consumers in active service statuses. Given the sample includes consumers in Status 12 (completed service plan), there may be consumer respondents who have not received any paid services to date. However, these consumers received counseling and guidance services (a core VR service) from their counselor in order to create their Individualized Plan for Employment. This may also be a result of misunderstanding of what consumers perceive as receiving services. This may also reflect the concept that active consumers are in various stages of their IPEs and likely not all services have either been delivered and/or completed at the time of

the survey. Nevertheless, this should still be monitored closely. The frequency of responses is listed below in Figure 27.

Figure 27

Open Ended Responses: Most Important Service Receiving	
Most Important Service Received	# of Responses
Job Search/Placement	162
Tuition Assistance/Waiver	149
Education/Job Training	111
MRC Counseling & Guidance	71
Not Receiving Services	60
Did Not Specify	52
Assistive Technology	45
Transportation Services	24
Financial Assistance/Support	18
School/Work Supplies	14
Case Management/Services from Other Agencies and Providers	11
Benefits Planning	10
Job Coaching	7
Affordable, Accessible Housing	6
Assistance Starting a Business/Self-Employment	6
Home Care Services	6
Job Readiness Training	6
Ongoing Employment Support Services	5
Driver Education	4
ASL Speciality Counselor	3
Information on Services	3
LD/ADHD Support Group	3
Job Club	2
Adaptive Vehicle	2
Independent Living Services	2
Donated Vehicle Program	1
Vocational Assessment	1
On-The-Job Training	1
Tutoring	1
CORI Assistance	1
CVS Pharmacy Tech Program	1
Internship Experience	1
Vehicle Modification	1

The third question asks consumers to list the single most important service that they do not currently receive (See Figure 28). Consistent with previous needs assessments, many of the top frequently cited responses revolved around career counseling, guidance and job search support, job placement services,

and job training and education. It must be noted that nearly two-thirds of respondents to the survey were in job training and education status at the time of the survey. Therefore, this level of response is likely a function of consumers moving toward completion of their training and education programs who are looking ahead to placement into employment opportunities. In addition, this may be an indication of the difficulty in finding employment for those coming out of training due to the nature of the current job market.

However, the large number of consumers served by MRC coupled with high demand for job placement and contracted employment services is also a likely factor. The need and importance of job placement and job search services to MRC consumers is strongly evident throughout the whole survey. Other highly cited responses included affordable and accessible housing, VR counseling and guidance, tuition assistance, transportation, financial assistance and public support, and assistive technology. This is generally consistent with last year's findings. A slight increase was seen in consumers listing affordable and accessible housing, vocational counseling and guidance and more information on available services as unmet needs. It also should be noted that the Donated Vehicle Program was also an important unmet need that consumers indicated they were not receiving, which is consistent with the findings from the transportation needs question.

It is interesting that many core VR services were highly cited as important service needs which are not being provided given the sample for the Needs Assessment consists of consumers in active service statuses. One reason may be that consumers have not reached the point in their service plan where they are receiving these services. It also could be that some consumers' IPEs may need to be modified to add in additional services they need which may not be in the original or current IPE. Staff should be reminded when conducting an annual review of each case as required to determine if the IPE should be modified to add additional services based on the consumers' needs. An additional question or modification to a question in the survey could also be beneficial in collecting more information in this area. This finding may also be related to limitations caused by annualized budget and staffing resources. MRC was also impacted by federal sequestration cuts and is also impacted by the federal funding formula for VR resources which penalizes Massachusetts as it is a slow growing state with a high cost of living. Consistent with results from other questions in the survey, there were also consumer comments about difficulty maintaining contact with their MRC counselor.

Figure 28

Open Ended Responses: Most Important Service Not Receiving	
Need	# of Responses
Career Counseling/Job Search Assistance	68
Affordable/Accessible Housing	65
Job Placement Services	56
Education/Job Training	44
Tuition Assistance/Waiver	35
Transportation	34
MRC Counseling and Guidance	29
Donated Vehicle Program	24
Financial Assistance/Public Support	17
Information on Services	16
Assistive Technology	13
Self-Employment Assistance	9
Meeting with Counselor	9
Services from Other Agencies	8
Driver's Education	7
School/Work Supplies	6
Transportation Access Pass	6
Home Care Services	6
Benefits Planning	5
Independent Living Services	4
Legal/CORI Assistance	4
Job Coaching	4
Other	3
Mental Health Counseling	3
Health Care	3
Ongoing Support Services	2
Vocational Assessment	2
On-The-Job Training	2
Tutoring Services	1
Service Dog	1
LD/ADHD Support Group	1
Adaptive Vehicle	1
Internship	1
Web-Based Training	1
Social/Recreational/Networking Opportunities	1

Finally, the survey included a question asking consumers to list any additional feedback or suggestions to the MRC they might have. As with the other open-ended questions, there were many positive comments about how the MRC and its staff have assisted consumers in their efforts to seek employment and to live in the community. As with previous years' surveys, many of the responses to this question illustrate

themes revealed elsewhere in the survey, including the gratitude many consumers have for MRC and its staff, the effects of the economy, that transportation poses a barrier to some consumers, and that some consumers have difficulty getting in touch with their counselors. Common suggestions listed by respondents included the following:

1. Efforts to improve communication between counselors and consumers.
2. Making information about services more easily available such as through a simple catalog of services.
3. Providing MRC offices with information on other agencies and resources which can assist individuals with disabilities including information on transportation and housing resources.
4. More consistent information on services between different MRC offices.
5. Continued enhancement of MRC's employer partnerships, continued utilization of hiring fairs and other employment events.
6. More ongoing support services to assist consumers after they obtain a job.
7. Assistance with budgeting and financial planning.
8. More information / assistance with starting a business/self-employment.
9. Increased information for consumers on available job leads and job leads that better match consumer skills, abilities, and interests.
10. Improved assistance with issues related to seeking employment with a CORI history.
11. Improved communication with affected consumers during the process of filling counselor positions due to vacancies and retirements.
12. Additional opportunities to provide feedback, such as more focus groups or a town hall meeting with consumers.
13. More information and explanations about the financial need formula/requirements.
14. Improving and increasing coordination with other state and federal agencies.
15. Improve supports to clients with higher levels of education.
16. Utilization of electronic forms of communication such as email, social media, and Skype.
17. Increase availability of computer and technology skills trainings or web-based trainings and assessments.
18. Enhancements to MRC's website.

Findings from Focus Group:

This year, MRC continued the process of conducting consumer focus groups as a component of the Comprehensive Statewide Needs Assessment Process. In 2013, MRC successfully piloted a focus group at the MRC Annual Consumer Conference. The feedback from the 2013 focus group was included in the 2013 Needs Assessment Report and complemented many of its findings and recommendation. Based on this success, MRC held its second annual focus group at the 2014 Consumer Conference as part of the

Needs Assessment Process which is conducted in collaboration with the SRC Comprehensive Statewide Needs Assessment Committee. MRC worked in collaboration with the Needs Assessment Subcommittee to review and revise the questions to be used in the focus group and to develop a detailed plan for conducting the focus group, including arranging for space for the focus group and a registration table, recruitment and collecting of registration information, arranging for accommodations that consumers might require such as CART reporters or ASL interpreters, and other important logistics.

The focus group was held at the 2014 Annual Consumer Conference on June 19, 2014 at the Four Points Sheraton Hotel in Norwood, MA. Once again, the focus group was intended to complement the annual vocational rehabilitation needs assessment survey by providing an additional source for gathering consumer opinions on their needs as well as to make use of the opportunity to engage with a large number of MRC consumers. The focus group was conducted by staff of the MRC Research, Development, and Performance Management Department (R&D). The 2014 one day conference format posed potential challenges to focus group recruitment compared to the 2013 two-day conference format where recruitment was conducted on the first day and the focus group on the second day. Despite these challenges, focus group recruitment achieved similar results to 2013 and provided a very adequate number of participants.

Recruitment for the focus group was conducted in several different methods. Consumers were invited to participate in the focus group through an electronic announcement sent to all MRC consumers prior to the conference by MRC Consumer Involvement staff. MRC VR counseling staff were also notified of the focus group so they could inform their consumers. The R&D team also staffed a centrally located dedicated exhibitor's table with the goal of engaging consumers and to actively recruit for the focus group. Additionally, the R&D team posted materials advertising the focus group around the conference venue on the morning of the event. Posted materials stipulated that the focus group was intended for MRC VR consumers as the conference also included consumers from the Massachusetts Commission for the Blind and the Massachusetts Commission for the Deaf and Hard of Hearing. Finally, an announcement regarding the VR focus group was made during the working lunch session. The questions were made available ahead of time at the exhibitor table and were passed out at the start of the focus group to give consumers an idea of what would be discussed. Questions were based on those contained in the Needs Assessment Survey.

Due to the fact that the conference was running approximately 30 to 45 minutes late by the 2pm scheduled start time for the focus group, the focus group did not officially start until 2:30pm. Informal dialogue did begin prior to the formal start of the focus group. The focus group lasted approximately 75 minutes after its official start, and ended at approximately 3:45pm. A total of 14 consumers participated in the focus group. This remained the rough number of participants for the bulk of the focus group, with some people coming and going at intervals. The 14 participants were comprised of a diverse group of individuals in terms of gender, race/ethnicity, and disability.

There were two interpreters in the room to assist those who were deaf or hard of hearing. The Chair of the SRC Needs Assessment Committee acted as an observer, and there was also an observer from the MRC (a district director). Graham Porell from the MRC R&D Department acted as the moderator and Moreno DiMarco from R&D took field notes and observations.

Focus group discussion was in-depth and addressed key agency mission goals and issues and the moderator helped to guide discussion based upon the themes and questions in the questionnaire handed out at the beginning of the focus group. Once again, a number of the themes raised in the focus group mirrored those raised in this year's Needs Assessment survey and other reports, including that some consumers would like to see improved communication between MRC counselors and consumers, that consumers can have different experiences with MRC services by area office, that some consumers may not be aware of all of the services options provided by MRC, particularly Community Living services, among others.

The main findings and themes can be summarized as follows:

1. Consumers provided both positive and constructive feedback about their experiences with MRC and the services they received. A consumer discussed how MRC's services have been very effective for her by assisting her to go to college, providing counseling and transportation assistance, and allowing her to refocus her career aspirations as she searches for employment. Another consumer discussed their positive experience receiving assistive technology services from MRC. Several consumers provided constructive feedback about their experiences with MRC and with particular services, and some also expressed confusion over particular policies, guidelines, and processes.

2. Consumers expressed differences in both their experiences, and services across different MRC VR offices. Several consumers reported varied experiences across different MRC offices in terms of communication with their counselor, their involvement in the IPE process, service delivery, and overall experience with the agency. Some consumers indicated that they received different messages on service availability and service guidelines from different offices. Refresher training on guidelines and policies for MRC staff may also be useful to assist in ensuring uniformity.
3. Some MRC VR consumers are not aware of all the services and resources provided by MRC, including those offered by the Community Living Division. This is consistent with findings from the 2013 Needs Assessment Survey that not all MRC consumers are aware of the service options available to them. It also appears some consumers may be confused or need more information on MRC's appeals process. Several consumers indicated they had received the new Consumer Handbook and that they found it to be useful, while several others did not find it useful. It was recommended that MRC ensure that its VR counselors are fully aware of the full range of MRC services, including Community Living services. There was also discussion about soft skills services that MRC provides internally, through contracted vendors, and through other sources.
4. Some consumers indicated they were not aware of the Independent Living Centers in Massachusetts and what they can offer to individuals with disabilities, consistent with the findings from the 2013 Needs Assessment.
5. Some consumers expressed difficulty contacting their local MRC VR office and/or staying in contact with their counselor, and/or scheduling appointments. This is also consistent with findings from the 2013 Needs Assessment. Improved communication and more follow-up between counselors and consumers was recommended. Several participants also reported that their counselors seemed extremely busy and short of time and indicated that additional staff resources may assist counselors with their busy workloads.
6. Consumers indicated that both phone and email would be preferred and adequate methods of communication with MRC staff.
7. Participating consumers provided both positive and constructive feedback about their involvement in the IPE process. Some consumers were very satisfied with their IPE and their involvement in working together with their counselor to develop the road map towards reaching their employment goals. A few others expressed that they did not feel as involved in their IPE development. Several consumers also felt that they were being directed to accept a different employment goal than their interests. This is worth watching as this may be true for some consumers. This may be a case of confusion on some consumers' part regarding advice/suggestions from counselors on career paths and steps to take to get their foot in the door to gain experience.
8. Consistent with the 2013 Needs Assessment findings, participating consumers indicated transportation remains a large issue for many MRC consumers, who are often frustrated with a general lack of transportation resources. Some of the issues discussed were larger, more systematic issues which go well beyond what MRC can offer in terms of transportation and require collaboration on the federal, state, and local levels. Consumers' comments indicate that transportation needs deeply impact some consumers' ability to pursue MRC services, long term

employment or the ability to pursue independence. There was also discussion about the MRC Good News Garage program, and difficulty obtaining information on the Massachusetts Transportation Access Pass (TAP) program which allows individuals with disabilities to receive discounted fares on the MBTA and all RTAs across the Commonwealth. It was mentioned that MRC has developed a fact sheet on the TAP pass program and that this has been made available to area offices.

9. There was discussion about other benefits and services available to consumers outside of MRC. It was suggested that MRC strengthen its ties with the One Stop Career Centers. Some consumers felt there was a lack of uniformity in general across the many agencies that provide the many services available to individuals with disabilities. There was also discussion about confusion and difficulty with services provided by other agencies outside of MRC. The general consensus is that improved collaboration and communication between agencies on all levels of government would benefit consumers, and that consumers understand that this goes well beyond MRC's control. Efforts by MRC to collaborate with other agencies was also discussed.
10. Consumers asked about the Comprehensive Needs Assessment Process and what happens with consumer input through this process. There was a discussion on the Needs Assessment and how consumer input helps drive MRC strategic planning efforts and direct actions which have resulted from consumer input from the Needs Assessment and Consumer Satisfaction Survey such as the new Orientation Video and Consumer Handbook, the extension of the Donated Vehicle Program, among others.

The 2014 focus group was successful in achieving its goals in obtaining consumer input to incorporate as part of the Comprehensive Statewide Needs Assessment process. An adequate number of consumers attending the focus group was achieved in the one-day conference format. The focus group provided the ability to gather rich qualitative data, and the opportunity to speak directly with diverse MRC consumers, and once again demonstrated genuine efforts towards outreach and opinion-gathering efforts on the part of MRC. The findings from the focus group clearly complements information collected in the Needs Assessment survey, the Consumer Satisfaction Survey, and other Needs Assessment components. The results suggest that the focus group can be executed in varying circumstances using basic preparation and strategies. It is recommended that MRC and the VR Needs Assessment Committee continue to hold focus groups for the Needs Assessment annually at the consumer conference or annually at an area office or other site if the conference is not held during a particular year. In addition to the annual focus group, MRC should continue to work towards developing a series of more targeted focus groups for specific populations (region, MRC office, disability groups, and ethnic groups) to allow MRC to better assess the needs of specific populations.

Other Findings

MRC 2014 CONSUMER SATISFACTION SURVEY

Preliminary Summary of Results - 3/25/15

The Massachusetts Rehabilitation Commission (MRC) Research, Development and Performance Management Department works with the Consumer Satisfaction Committee of the State Rehabilitation Council (SRC) to implement the annual Consumer Satisfaction Survey and Survey Report. The Consumer Satisfaction Committee is a standing committee of the SRC that meets regularly to monitor developments and results with regard to the mandated MRC Consumer Satisfaction Survey.

The annual MRC Consumer Satisfaction Survey measures consumer satisfaction with the agency's VR programs and services. The survey supports the quality improvement activities of the MRC and makes up a part of the Comprehensive Statewide Needs Assessment (CSNA) process. In 2014, the MRC enacted key changes to the survey process in consultation with the Consumer Satisfaction Committee. These changes include: (1) implementing the 2014 survey as the first completely online satisfaction survey through the use of consumer email addresses collected by the MRC web based information system (MRCIS), and (2) introducing survey questions measuring employment status, job satisfaction, work hours, and wages.

The intended population for the MRC consumer satisfaction survey is the population of all MRC VR consumers who were successfully or unsuccessfully closed in the prior federal fiscal year. For the 2014 survey period the population size was 7,647. There were 319 responses from a sample of 1,687. The response rate was 19% and the results achieved statistical validity at a confidence level of 95%, with a 5% margin of error (using a suggested 70:30 distribution split). The response rate exceeds that of recent years and points to the viability of using consumer email addresses for a web based satisfaction survey.

The following are preliminary results from the 2014 Consumer Satisfaction Survey:

- About 84% of respondents, a large majority, were satisfied with MRC services overall. Of these, about 49% were very satisfied, 23% were satisfied, and 12% were somewhat satisfied.
- About 80% of respondents would encourage others with disabilities to go to the MRC for employment or training services, an impressive finding given that a large proportion of survey respondents represented unsuccessfully closed cases.

- About 83% of respondents were satisfied that MRC services assisted them in becoming more independent.
- About 44% were very satisfied, 27% were satisfied, and 12% somewhat satisfied.
- 71% of respondents (224 individuals) reported that they were employed.
- 88% were satisfied with their current job. About 38% were very satisfied with their current job.
- About 84% of respondents were satisfied that their current job matched the goals developed in their MRC employment plan, and about 38% were very satisfied in this regard.
- A great majority of respondents (38%) work more than 35 hours per week. The next largest group of respondents (about 14.5%) answered that they worked 16-20 hours per week.
- 25% earn \$12-\$14 an hour, 23% earn \$9-\$11 an hour, and 20% earn \$15-\$20 an hour.
- 41% of respondents were very satisfied with the ability of the MRC to identify their interests, strengths and employment goals. About 25% were satisfied and 18% somewhat satisfied.
- 42% were very satisfied with the employment plan that they developed with their counselor. 24% were satisfied and 15.5% were somewhat satisfied.
- 40.5% were very satisfied with their level of participation in their employment plan. 27.5% were satisfied and 14.5% were somewhat satisfied.

MRC Counselor Satisfaction Survey Findings

MRC's Research, Development and Performance Management Department, as part of the CSNA process as well as its State Plan, Strategic Planning and Quality Assurance activities, conducts a Counselor Satisfaction Survey on an annual basis. The goal is to evaluate counselor satisfaction and obtain input from MRC's VR counseling staff on their experiences and how MRC can best address the needs of its consumers and individuals with disabilities. The findings are used in conjunction with the Needs Assessment Survey, Consumer Satisfaction Survey, and Provider Satisfaction Survey as part of the CSNA process. The findings from this survey are also shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, and State Plan for Vocational Rehabilitation processes. Direct input from counselors is an important and critical aspect of the CSNA and these other processes. 40% of MRC counselors responded to the most recent counselor survey conducted in the Fall of 2014. The findings of the survey are summarized as follows:

1. The majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. Overall, 92.4% of responding counselors indicated they were at least somewhat satisfied with the services provided by their office. This is higher than 2013 (84.5%). 75% of responding counselors were satisfied or very satisfied with services provided by their office.

2. MRC counselors are generally satisfied with most services provided to consumers. This includes most case management and counseling services, skills training, post-secondary education, job placement and job support services, and other services delivered to consumers. In all areas, 70% or more of respondents were at least somewhat satisfied. Higher levels of satisfaction were found in certain areas and with specific services compared to others. Some of the highest satisfaction areas were in the VR case management and counseling area. More counselors were also somewhat satisfied rather than satisfied in the area of overall job placement and job support services.
3. Specific areas with high satisfaction levels included all but two case-management related areas, including consumer involvement in developing services in their IPE (81.9% very satisfied/satisfied), information and referral to other resources and programs (79.5%), and assessment of vocational rehabilitation needs (76.2%). There also was high satisfaction with post-secondary education services (84%), job search skills (65.1%), and soft-skills trainings (62.7%), post-employment and ongoing support services (59.5%), and promptness of service delivery (53.1%).
4. Areas with lower satisfaction levels included maintaining contact with consumers (35.4% very satisfied/satisfied), the ability to adequately serve caseloads (31%), available job opportunities for consumers (39.3%), and the number of job interviews for consumers (39.8%). More counselors were somewhat satisfied than satisfied in all of these areas.
5. The majority of MRC counselors believe they are meeting most of their consumers' expectations (66.3%), and nearly all indicate they are at least meeting some of their consumers' expectations (97.8%). The range of services and supports available to VR consumers allow counselors to provide individualized and flexible services based on consumer needs. Reasons that some consumer expectations are not met include: that consumers at times may have unrealistic expectations and may not understand what services MRC provides; that retirements, staff turnover, and high caseloads may impact consumer experiences; and other barriers such as transportation and job availability in some areas.
6. Most counselors are satisfied with MRC's internal job placement services. Overall, 77% are at least somewhat satisfied and 52% are very satisfied or satisfied with internal placement resources. A need for additional placement staff in certain offices, improved communication and collaboration between JPS, ESS, and counselors, and improved job matching was expressed by some counselors. The team model used in some offices where the JPS, ESS, and the counselor work together to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices.
7. The majority of responding counselors (79%) were at least somewhat satisfied with the services provided to MRC consumers by Community Rehabilitation Providers (CRPs) through the Competitive Integrated Employment Services (CIES) program. Satisfaction in this area increased 11% from 2013. A need for additional vendor capacity to meet the needs of consumers in some areas/regions was mentioned, including services for those with CORIs and consumers with limited English proficiency. Improved communication between vendors and

counselors, and working with CRPs to ensure continued improvement in CIES outcomes and service quality was also recommended.

8. Most counselors are satisfied with services provided to consumers by schools, colleges, and universities. Overall, 91.4% of counselors were at least somewhat satisfied, and 59.8% very satisfied or satisfied in this area. Counselors indicated that experiences with schools and colleges can vary notably by institution. Efforts to improve collaboration with college disability service offices, improvements in services for transition-aged youth, continued development of relationships with high school staff, and improved communication between educational institutions and MRC were recommended by some counselors.
9. Counselors were highly satisfied (95.2%) with products and materials purchased from vendors for consumers. Over three-quarters of counselors were very satisfied or satisfied in this area. Some counselors indicated they would benefit from additional information about available vendors and the materials they supply. It is recommended that a guide or list of resources to assist in purchasing products be developed.
10. Counselors provided a variety of suggestions for how MRC could assist them in their efforts to assist consumers in their efforts to obtain employment. Common suggestions included:
 - Increased Job Placement Specialist and Employment Service Specialist resources including ensuring every office has a full time JPS.
 - Increased and improved clerical support for counselors such as hiring case aides.
 - Improvements and enhancements to MRCIS.
 - Efforts to reduce caseload sizes.
 - Improved support and resources for job placement, including increased information on job leads for consumers.
 - Additional vendor capacity in the CIES program.
 - Additional resources for bilingual consumers.
 - Additional job readiness trainings.
 - Technology to assist counselors in maintaining contact with consumers including tablets, wifi-cards and cellphones.
 - Alternative work options.
 - Improved services for youth.
 - Resources to make the process of finding approved vendors for purchased services and materials easier.
 - Improved supervision of counselors.
11. Staff should be reminded that job coaching services are available through CIES and that additional resources were added to CIES for this purpose, and that any issues with vendors should be communicated to their supervisor and the District Contract Manager.

Community Rehabilitation Provider Survey

As part of MRC's ongoing Comprehensive Statewide Needs Assessment (CSNA), Quality Assurance and Performance Improvement processes, the Massachusetts Rehabilitation Commission (MRC) conducts an annual satisfaction survey to Community Rehabilitation Providers (CRPs) to assist in evaluating the need to create and improve community rehabilitation programs in the Commonwealth. The findings from this survey are shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, provider contract monitoring, and State Plan for Vocational Rehabilitation processes. Direct input from provider agencies is an important and critical aspect of these processes.

This year's Provider Satisfaction Survey was sent out to counselors in late fall 2014. A total of 52 provider organizations responded for a response rate of 50%.

1. Most Community Rehabilitation Providers (CRPs) are satisfied with the services they are providing to MRC consumers referred for services through the Competitive Integrated Employment Services (CIES) program. Overall, 92% of providers were at least somewhat satisfied with services delivered by their agency/organization. This is very similar to the level in the 2012-2013 provider survey (94.2%). Additionally, 88% of respondents were satisfied or very satisfied with CIES services they delivered.
2. It is clear that CRPs play a significant role in assisting MRC consumers towards obtaining and maintaining competitive employment. Many CRPs are able to provide significant services to consumers with very complex needs, including one-to-one services that lead to strong job matching and placement ability.
3. Given these strengths, most CRPs feel they are meeting the expectations of consumers referred for CIES service. 84.3% of providers indicated they believe they are meeting these consumers' expectations all or most of the time, and nearly all (96%) feel they are meeting at least some consumer expectations. Reasons for why consumer expectations are being met includes strong communication between MRC and providers and detailed job service development plan for referred consumers. Reasons why expectations may not be met included complex needs or difficulty on the part of the consumer remaining engaged for various reasons, issues with placement of consumers with criminal backgrounds, among others.

4. Nearly all providers responding to the survey provide services in the CIES Job Development and Placement, Assessment, Initial Employment Supports, and Ongoing Supports program components. Only about two-thirds of providers provide services in the Skills Training component, and about 60% provide Interim Supports. This is consistent with the fact that these components have lower utilization compared to the other four components. Referral for CIES component services are based on consumer need. Some consumers may require all components while others may only need one. Other associated services that can be provided as part of the CIES components that providers indicate they deliver to MRC consumers included Job Search Assistance (57.7%), information and referral (40.4%), and vocational counseling (36.5%).
5. The majority of CRPs were satisfied or very satisfied with their agency's delivery of services to MRC consumers in all six CIES components. Satisfaction was highest for the Job Development and Placement Component (86.4%), Assessment (81.8%), and Initial Employment Supports (81.8%). Lower levels were found for Interim Supports (63.6%), and Skills Training (61.4%). However, a number of providers chose "not applicable" for these components, which is consistent with component utilization as these components are not heavily utilized compared to the other components
6. In terms of serving and supporting MRC consumers referred for CIES services, 70% or more of providers were satisfied or very satisfied in all 5 question areas. Satisfaction was highest in terms of prompt service delivery to consumers (87%), followed by the ability to assist consumers in overcoming employment barriers (84.8%). 82.6% of providers were also satisfied or very satisfied with their ability to adequately serve MRC CIES referrals. There was a significant increase in satisfaction in promptness of services compared to the 2012-2013 provider survey. This change may be related to MRC's recent increases to available CIES resources to meet consumer needs and the recent cost of living increase to the CIES rates.
7. Providers were very satisfied with job search skills, their capacity to match consumers to available jobs based on their skills and increases, and soft skills trainings provided. Somewhat lower levels of satisfaction was found in terms of the number of job opportunities, job leads, and job interviews available for consumers. However, in all of these cases, the majority of providers were satisfied or very satisfied.

8. Just over two thirds of providers were satisfied or very satisfied with the number of initial job placements (68.9%) and successful employment outcomes (69.6%) achieved for MRC consumers through the CIES program. These are consistent with results in the 2012-2013 provider survey.
9. Providers report they are very satisfied with communication with MRC consumers. 100% of responding CRPs were at least somewhat satisfied with the level of communication with MRC consumers, while 91.1% indicated they were satisfied or very satisfied.
10. The vast majority of providers appear to be satisfied with communication with MRC counselors, supervisors, and other agency staff. Overall, 93.3% of providers were at least somewhat satisfied with communication from MRC. It is clear from open-ended responses that many providers are satisfied with communication with MRC staff. There appears to be some differences in satisfaction with communication in some instances. Some providers did express a need for improved communication with MRC and its staff, however there were notably more positive comments and fewer constructive comments on communication to MRC than in the previous survey, demonstrating improvement in this
11. Responding CRPs provided a variety of suggestions and recommendations for how MRC can assist them in improving CIES service delivery to MRC consumers. The most common suggestions included:
 - More information and documentation on referred consumers from MRC VR counselors
 - More CIES referrals who are job ready and/or strongly motivated to work.
 - Continued improvement in communication between MRC staff and providers,
 - Increased use of the skills training component,
 - Increased use of the initial employment support component to address consumer needs
 - Opportunities for vendors to present to groups of MRC counselors on their programs and to improve communication
12. A team process of communication should be emphasized with CRPs and MRC staff. This team process involves the counselor, their supervisor, the District Contract Manager, and representatives from the provider. Utilization of this team process will improve communication between MRC and the provider and ensure any issues or questions are easily resolved.
13. It also appears there may be a benefit for MRC to do a quick high-level refresher on the aspects of the CIES program based on the CIES Vocational Services Contact Information and Utilization Guide (otherwise known as the Purple Book) during quarterly review meetings. This would assist in keeping any new staff (both at MRC and at providers) informed and up to date on the program and how it works.

14. An improved process for transitions between one fiscal year to another, as well as improvements in the flow of documentation and contract materials was also suggested as an area of improvement. MRC is aware of this and has made changes to the quarterly review forms which should assist with transitioning between fiscal years going forward. MRC has also reminded staff on the need to process contact orders and other documentation in a timely fashion at all times, including around the beginning and end of each fiscal year

Performance Based Contract Review and Evaluation

As part of its efforts to evaluate and improve community rehabilitation programs in Massachusetts, MRC continuously evaluates and manages provider outcomes and performance quality to ensure that MRC consumers are given the opportunity to achieve the best possible employment outcomes. Using data and information collected through tools and methods such as site visits, data analysis and reporting, quarterly review meetings, and annual provider and consumer surveys, MRC conducts quarterly and annual performance evaluations on provider performance.

The main program that MRC purchases services for consumers from CRPs is the Competitive Integrated Employment Services (CIES) a performance-based contract program providing vocational evaluation, training, placement, and supported employment services for participants. CIES consists of six unique service components, each associated with a specific service outcome. Through the component based system, consumers are able to receive the individualized and targeted combinations of services and supports they need achieve successful employment. This system, adopted by MRC in 2010 as part of a larger state procurement, revolves around service components. Provider payments are based on performance for initiation and completion of specific services. Provider performance has improved significantly since the program began in 2010 and the proportion of consumers obtaining successful employment outcomes increased by 4.3% between SFY2011 and SFY2014. In SFY2014, 81% of all placements in the CIES program resulted in successful employment outcomes for consumers.

Performance evaluations of the CIES program are used to assess consumer needs, demand for services, and the quality of services provided by CRPs and to determine areas for improvement. Adjustments to provider contracts are made based on these evaluations based on performance, need, demand, and available resources. MRC also utilizes the information to develop recommendations for improvement of

CRPs and to determine the need for additional CRPs to meet consumer needs, both for specific populations and geographically. There are some areas of the state which could benefit from new or expanded CRPs and this is reflected in the results of the Counselor Satisfaction Survey. The reopening of the CIES procurement in 2014 allowed recruitment of a handful of additional CRPs. MRC has also expanded existing vendors into new geographic locations. These new vendors and expansion of existing vendors were brought on in the 1st and 2nd quarters of SFY2015. The impact will take several quarters as these vendors ramp up. Even with the new and expanded vendors, there are still areas where additional vendor capacity is needed. MRC hopes that the procurement will be opened up again during early 2015 to allow additional recruitment.

Analysis of Staff Training Needs

MRC utilizes an ongoing and continuous process to assess the training needs for all agency VR staff, including counselors, supervisors, and managers, among others. This process includes multiple methods and is managed by the MRC Training Department. The process consists of a staff training needs assessment survey sent to managers, supervisors, and all VR staff on at least an annual basis, an advisory committee for staff training representing all levels of VR staff that meets regularly with the Training Department to provide ongoing feedback on training needs, post-training questionnaires given to staff on additional training needs after training sessions and New Counselor Training, as well as direct feedback from managers, the SRC, and other stakeholders. Findings from the CSNA including the Needs Assessment Survey, Consumer Satisfaction Survey, and Counselor Satisfaction Survey are also shared with the advisory committee and the Training Department to inform development of trainings. In conjunction with agency management and the training advisory committee, the Training Department uses the findings of its process to assess training needs to develop a staff training plan to guide training priorities on an annual basis. This training plan is shared with senior management and is incorporated into MRC's strategic planning, CSNA, and VR State Plan process.

In the most recent training plan, some of the training priorities identified (among others) included:

- Trainings on the implementation of WIOA.
- Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.).
- Refresher training and trainings on system updates for the MRCIS case management system.
- Trainings on how to best assist consumers with criminal histories including those with sex offender status (CORI and SORI).

- New supervisor and management trainings on VR best practices, policies, and procedures, and effective practices for supervision.
- Continuation of annual new staff orientation for new hires.
- Consideration of professional days for MRC counselors and support staff.
- Microsoft Office trainings (Excel, Word, etc.).
- Intern supervision training.
- Continued trainings on Autism and Aspergers.
- RSA Standards and Indicators.
- Disability-Specific Trainings including mental health, impact of dual diagnoses on employment, hearing loss, etc.
- Additional trainings on how to best serve transition students.
- Benefits and work incentives.
- Trainings on web-based assessment tools (COPS, CIPS).

MRC also worked closely with the former regional TACE center in these areas and will work closely with the new national RSA/VR technical assistance centers going forward. This will assist with implementation of WIOA. In addition, the agency continues to work on developing a series of e-learning for staff on a variety of topics including agency policies, VR best practices, among others.

Summary of Findings from Case Review Process

As part of its quality assurance processes and to assist with the CSNA process and the development of the State Plan, MRC conducts annual case record reviews of VR cases. The reviews not only measure compliance with RSA and MRC regulations, but also are used to develop recommendations areas for improvement and inform efforts to improve the quality of case management services provided by MRC staff. Findings are shared with senior management and incorporated into the CSNA, strategic planning, and State Plan process. This year's review was conducted over a week in December 2014 and included a review of 100 cases from all MRC VR offices with a minimum of 4 cases per office, all closed in Status 26 or Status 28 during Federal Fiscal Year 2014. The RSA case review instrument is used to conduct the reviews, which were conducted by a team comprised of VR Area Directors, Unit Supervisors, recent VR retirees, and the Director of Policy and Planning. The reviews focused on eligibility, assessment, timeliness, substantiality, and employment outcomes.

Overall, the reviewed cases were generally compliant in the areas of eligibility and assessment. In the area of eligibility, 81 out of 100 cases (81%) were compliant; the 19 cases that were non-compliant included 18 cases where SSI/SSDI recipients were not automatically presumed eligible. This represents a slight

decrease in this area compared to the findings of the case reviews conducted during 2013. The fact that nearly all cases found noncompliant were due to SSI/SSDI recipients not being automatically presumed eligible suggests that issues are likely confined to just this area and that refresher training on policies and procedures related to presumption of eligibility would assist in improving performance in this area. In the area of assessment, a total of 88 out of 100 (88%) were compliant. This was an improvement from last year where only 79% of cases were compliant. Common reasons for noncompliance included the consumers' employment goal was inconsistent with the assessment, incomplete explanations of rehabilitation needs, incorrect assignment of priority category, and undocumented significance of disability level.

There were some areas of noncompliance in the timeliness area. 5% of reviewed cases were over the agency standard of six months for the time from eligibility to IPE development. This was a significant improvement from 2013, where 28% cases were non-compliant in this area. MRC is focusing on improvement of eligibility to IPE timeliness performance, and is implementing the new 3 month or 90 day standard which is now required as per WIOA.

In addition, a handful of reviewed cases were not found eligible within the RSA required 60 day window and did not include a waiver justifying the wait. There was improvement in this area from the 2013 reviews. All of these cases were addressed with managers and supervisors through training. MRC is also focusing on maximizing performance in the timeliness of eligibility determination. It is important to note that the case review is of recently closed cases and MRC also reviews compliance of new eligibilities and IPEs on a regular basis and compliance for new cases is much improved.

Also, 7% of reviewed cases had services that did not contribute substantially to the individuals' employment. Many of these were due to lack of documented services provided by MRC to assist the consumers in finding or maintaining employment. Individual follow up was conducted in all these cases with the appropriate managers and supervisors and technical assistance was provided to prevent future occurrences. There was improvement from 2013 regarding cases where the consumers' employment was incompatible with the IPE goal. Also, there was significant improvement over past case reviews. No cases contained an employment outcome with no documentation that showed that the individual received

wages and benefits comparable to those received by non-disabled employees and at least minimum wage. Mandatory check-off boxes in MRCIS have likely contributed to the improvement in this area.

Finally, there were also a few cases with poor documentation of employment. There was also evidence of a lack of ongoing contact with the consumer in several cases. Some cases were missing required elements or documentation. Some of this may be due to the fact that the documentation was not printed out from MRCIS.

Based on the findings of this year's case reviews, it was recommended that follow up training should be conducted on the procedure of presumption of eligibility for consumers receiving SSI and SSDI benefits. Refresher staff trainings should also be conducted as needed on MRC policy and procedure on eligibility standards, timeliness, and substantiality of services. Improvement was seen in most of these areas from 2013. Additional supervisory staff should be reminded to routinely evaluate cases to ensure proper documentation of services and supports.

EHS Results/Performance Management

One of the main aspects of MRC's Performance Management and Quality Improvement System which informs the CSNA and the State Plan is the EHSResults Performance Management System. EHSResults is a web-based performance scorecard system developed by the Massachusetts Executive Office of Health and Human Services (EOHHS), MRC's parent agency. MRC has a series of performance measures based on statewide, secretariat, and agency strategic goals which are tracked in EHSResults on a monthly, quarterly, or annual basis based on the availability of data. There are measures for each division, including VR. Performance on these standards is reviewed regularly by MRC management and is used to inform decision making. MRC also uses an internal report providing additional comments and analysis on performance known as the Benchmark Report to update senior management on performance and trends and patterns to inform decision making. This system may be enhanced or replaced by a new statewide performance system that is being piloted in 2015 with a series of agencies. The full implementation and the impact on the EHSResults system is unknown at this point.

MRC Strategic Plan/SWOT Analysis

In 2012, MRC conducted a comprehensive SWOT analysis and assessment of its strategic needs and goals. This process was conducted by the MRC Senior Management Team and the Research, Development, and Performance Management Department with input from other planning committees and groups.

A workgroup of MRC Senior Management and other staff conducted the analysis and assessment through reviewing data and information from fact sheets, surveys, long term trend reports, Comprehensive Statewide Needs Assessment Reports, the State Plan for VR, Consumer Satisfaction Surveys, and other reports and information. The workgroup also received input from consumers, staff, and other stakeholders, including the Statewide Rehabilitation Council (SRC), the Statewide Independent Living Council (SILC), MRC's Workforce Planning Workgroup, Continuous Quality Improvement committees, and the Marketing Strategy Team, amongst others.

The workgroup used the findings from this comprehensive assessment to prioritize the agency's strategies and goals for SFY2013 to SFY2015 and to develop MRC's Strategic Plan. A total of 4 strategic objectives were developed, one for each division of the agency. Specific outcome measures towards these goals were developed for the FY2013 to FY2015 period and strategies were developed to lead the agency towards meeting these objectives. In 2015, MRC is expected to update its strategic plan as the current plan will expire on June 30, 2015. A full summary of the Strategic Plan can be found in the Appendix document. MRC selected the following strategic objectives to reflect our mission and core agency operations in its Strategic Plan:

1. The MRC will maximize the number of vocational rehabilitation consumers who secure and maintain competitive employment opportunities, at or above minimum wage, as mandated by the Rehabilitation Service Administration (RSA).
2. Increase the number of individuals with disabilities who receive services and supports that allow them to transition back to the community from institutional settings and/or remain stable and able to function as independently as possible within their home and community.
3. Provide effective and efficient public service by maximizing the number of determinations for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) claimants with the highest level of quality as measured by Social Security Administration performance accuracy.
4. Furnish effective budgeting, contracting, internal controls, and financial supports to the entire agency to assist in supporting its mission and vision.

MRC analyzes and monitors progress on its Strategic Plan on an ongoing basis through the EHSResults Dashboard and reports to senior management on an ongoing basis on trends, patterns, and progress. This is part of MRC's continuous improvement process to continually improve the effectiveness and efficiency of agency operations and services to MRC consumers utilizing the Plan. MRC will update and refine strategic plan and goals as needed on a regular basis. Finally, MRC's strategic plan and results are shared with management, staff, and other stakeholders on a regular basis. MRC also publishes an annual progress report on the FY2013-FY2015 Strategic Plan. In **FY2014, the MRC achieved a high level of success in all four strategic plan goal areas. All target goals in all goal areas were achieved for this time period.** See the Appendix document for a copy of the progress report.

RSA Standards and Indicators

The Provisions in the Rehabilitation Act for Vocational Rehabilitation Programs require the Rehabilitation Services Administration (RSA) to determine if each VR State Program (MRC) is complying with national evaluation standards and performance indicators. The Standards & Indicators represents performance benchmarks upon which MRC is evaluated each federal fiscal year. (October – September). To achieve successful performance on these standards, state VR agencies must meet or exceed four of the six performance indicators in Standard 1; including meeting or exceeding the performance levels for two of the three primary indicators. Performance levels for each indicators are set by RSA for all VR General/Combined and for all VR Blind agencies. MRC must also exceed its previous federal fiscal year employment outcome total by at least 1. The RSA Standards and Indicators are a key element of MRC's quality assurance and state planning process and are used to inform the CSNA and State Plan.

In FFY 2014, MRC was successful in passing these performance standards for a second consecutive year. MRC exceeded the standards for 5 out of the 6 overall indicators and for 2 out of the 3 primary indicators. Through passing the Standards and Indicators for a second straight year, MRC has successfully completed its goals and objectives for performance improvement set under its FFY2012 Program Improvement Plan.

New performance standards will be taking effect in the future as the result of the recent passage of the Workforce Opportunity and Innovation Act (WIOA), which reauthorized the Rehabilitation Act of 1973 and the VR program. MRC is currently evaluating the impact of these new standards and beginning to plan for their implementation. These may replace the existing standards and indicators or supplement the existing measures. This will become clearer when draft regulations come out later in 2015.

The following is a summary of MRC achievement on the RSA Standards and Indicators for FFY2014.

Standard and Indicator 1.1: Rehabilitation Outcomes

Actual: 3,744 **Standard:** 3,651 **Result:** PASS

- MRC had an excellent year in terms of successful employment outcomes made possible by the combined hard work and effort of its counselors, job placement specialists, employment service specialists, and other staff. As a result, MRC was able to continue to improve performance and increase the number of successful rehabilitations achieved in FY 2014.

Standard and Indicator 1.2: Rehabilitation Rate

Actual: 59.8% **Standard:** 55.8% **Result:** PASS

- MRC's Rehabilitation Rate increased from FFY2013 and marked the second straight year this Indicator was passed. MRC will continue to monitor and evaluate Status 28 closures and focus on Status 26 closures on an ongoing basis to maintain and improve our level of performance.

Standard and Indicator 1.3: Individuals with Disabilities in Competitive Employment above Minimum Wage

Actual: 96.9% **Standard:** 72.6% **Result:** PASS

- MRC continues to pass this indicator as the agency continues its focus on employment of consumers with significant disabilities in competitive, integrated employment. The only closures which do not meet this criteria are Homemaker and Unpaid Family Worker Status 26 closures, and all MRC closures in competitive and self-employment were at or above minimum wage. Those closed as homemakers or unpaid family workers are done so based on consumer choice. MRC does not place consumers into sub-minimum wage employment.

Standard and Indicator 1.4: Rate of individuals w/ Significant Disabilities of all Individuals in Competitive Employment above Minimum Wage

Actual: 99.6% **Standard:** 62.4% **Result:** PASS

- The overwhelming majority of MRC consumers continue to be those with significant and the most significant disabilities. MRC continues to focus on placing consumers with significant disabilities into competitive employment in jobs at or above the minimum wage based on their needs, interests, preferences, and choices.

Standard and Indicator 1.5: Ratio of consumer wage to state wage (Primary)

Actual: .42 **Standard:** .52 **Result:** FAIL

- MRC historically does not pass this indicator because of the fact that Massachusetts has a very high state average wage. Due to the fact that MRC serves many consumers who have no or limited work histories, and may not be able to work full time due to their needs, it continues to be difficult to change this pattern. However, MRC can improve its performance in this area by ensuring that wages are accurately coded in the MRCIS system, focusing on employment outcomes in high growth industries, and through initiatives such as the Employer Account Management System, the Federal Contractor Hiring Event and the CVS Pharmacy Technician Training Program. MRC has continued to integrate greater amounts of information on labor market conditions and employment desired by consumers into our decision making. These continued efforts will assist towards improved performance in this area.

Standard and Indicator 1.6: Personal Earnings as Primary Source of Support

Actual: 59.4%

Standard: 53%

Result: PASS

- MRC passed this indicator again in FY 2014. Much effort has gone into assuring the accurate coding of the primary source of income of employed consumers both in and without the presence of other income such as SSA or other public benefits. MRC will continue to train staff in this area and validations have been added to the MRCIS case management system to avoid potential coding errors.

Standard and Indicator 2.1: Ratio of minorities served to non-minorities

Actual: .94

Standard: .80

Result: PASS

- MRC passed this indicator with a high score. MRC continues to make a strong commitment to achieve equality in service delivery. MRC counselors should be commended for their good work in dealing with the challenges and needs associated with diversity, and keeping it a priority.

Quality Committee/Manual

In 2011, MRC developed a quality assurance manual documenting all the aspects of its quality improvement system for the VR and CL Divisions, including the CSNA process. The goal was to bring all of the various aspects of quality assurance into one, comprehensive manual outlining all processes and how they relate together based on a recommendation from the RSA 2009 review of MRC. The manual represents the MRC's response to the RSA in accomplishing the organization and documentation of various parts of the MRC's quality assurance and performance management activities. The CSNA is a key component of MRC's quality assurance system. The manual was developed with input from all stakeholders including senior management, program managers, and all levels of staff. The Research, Development, and Performance Management department managed the process in collaboration with a quality assurance advisory committee developed to provide input and feedback on the development of the manual as well as to provide ongoing input on agency quality assurance activities.

A comprehensive update of the manual was completed in early 2014. The manual was updated to account for enhancements and updates to the quality system since it was first developed. The quality assurance committee provided input on these updates. The manual will be updated continuously going forward. MRC Research, Development, and Performance Management staff also worked closely with other New England VR programs to develop a framework for VR performance evaluation and quality assurance. Future updates of the MRC QA Manual will incorporate best practices from this framework. MRC will continue to work closely with other New England VR program evaluation and quality assurance staff as part of a workgroup meeting quarterly via conference call to discuss best practices and to share ideas on quality assurance, including the implementation of WIOA.

Workforce Planning/Succession Planning

MRC has developed a workforce planning initiative to address future workforce needs for the agency. MRC has determined through a retirement risk analysis that the agency will face a large challenge throughout the current decade with a large portion of its workforce eligible to retire by 2020. MRC has a workforce which is comprised of many older, long term employees, many who are approaching retirement. Since 2008, this impact has been felt with many employees retiring and many employees changing roles and moving up to fill open positions, and many new employees have been brought in to fill vacancies. The continued aging of the MRC workforce, combined with funding limitations for programs and an uncertain economic climate, pose significant challenges to workforce planning. These factors prompted the agency to develop a long-term strategic plan in 2009 to ensure coverage for critical job functions going out through FY2015 and beyond. MRC has developed a report and project management plan outlining the scope of the problem, and proposing concrete steps the agency can take to recruit qualified applicants from outside the agency, retain skilled employees, and report on progress made to date since the plan was first developed. The plan was most recently revised in 2014 and will be updated again in 2015. The plan is incorporated into MRC's CSNA, Strategic Planning, and State Plan processes.

The most recent retirement risk analysis conducted in late 2012 demonstrates the scope of the problem for MRC's VR Division (See Appendix document). The analysis indicated that nearly one-third of 2012 employees would be projected to retire by 2019. In addition, 52% of 2012 VR employees will be over the age of 60 and over 68% would be eligible for retirement by 2019. A new analysis of retirement risk is scheduled to be conducted during 2015, including an analysis of attrition over the past 5 years.

There are several main goals of MRC's workforce plan: recruit qualified candidates through outreach and development of a paid VR counseling internship program; retention of employees in critical job titles through expanded staff development opportunities, ongoing planning to ensure coverage of critical functions, and using the 960 Post-Retirement option to allow retiring staff to train new employees; increased opportunities for career advancement through increased awareness of promotional opportunities and management and aspiring supervisor trainings for line staff to prepare them for advancement, and to develop mentoring programs in collaboration with the state HR Division.

MRC has undertaken a number of initiatives as a result of its workforce plan. These include initially using ARRA and then reallotment funding to hire new staff members and roll them over into regular positions as vacancies develop due to retirement. In addition, the agency has developed a paid VR counseling intern program with several local institutions with a Rehabilitation Counseling Graduate program as a way to recruit and retain new counselors. Since this program began in 2009, MRC has offered over 72 internship opportunities and have hired 23 new counselors as a result of these individuals participating in the internship program.

In addition, a series of trainings have been developed to assist with the workforce planning process. This includes a series of trainings for managers, supervisors, as well as aspiring supervisors. These trainings are ongoing. MRC has also worked with the state HR Division to develop a certificate program for aspiring managers and supervisors where staff works to gain leadership and management skills guided by a supervisor or manager serving as a mentor. Finally, MRC has developed and has operated an annual new staff orientation since 2011 to also assist with educating and retaining staff. MRC will be evaluating the results of these efforts as part of its upcoming 2015 update to the workforce plan.

Analysis of Facts and Statistics: Massachusetts and MRC

The MRC's CSNA process incorporates analysis of the following overall facts, long term trends, statistics, and demographics into the analytical process to both complement and provide additional context to this report and its findings. This includes broader information on the Massachusetts labor market and employment situation for individuals with disabilities, demographic information and facts on the MRC VR consumer population and the Commonwealth of Massachusetts as a whole, and outcomes of the MRC VR program, amongst other data. The additional data was collected from various sources to

enhance the report, including labor market data from the Bureau of Labor Statistics, the Massachusetts Department of Labor, statistical data from the US Census Bureau, and as well as data and statistics from the MRCIS Case Management System on the MRC's VR consumer population, and other key reports.

Figure 29:

Overall Facts and Statistics: Massachusetts

Overall Demographics, Massachusetts	
Population Statistics	
Population, 2014 estimate	6,745,408
Population, percent change, April 1, 2010 to July 1, 2014	2.9%
Persons under 5 years, percent, 2013	5.5%
Persons under 18 years, percent, 2013	20.8%
Persons 65 years and over, percent, 2013	14.8%
Female persons, percent, 2013	51.5%
Race and Ethnicity	
White alone, percent, 2013	83.2%
Black or African American alone, percent, 2013	8.1%
American Indian and Alaska Native alone, percent, 2013	0.5%
Asian alone, percent, 2013	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2013	0.1%
Two or More Races, percent, 2013	2.1%
Hispanic or Latino, percent, 2013	10.1%
White alone, not Hispanic or Latino, percent, 2013	75.1%
Education, Language, and Other Related Facts	
Living in same house 1 year & over, percent, 2009-2013	86.7%
Foreign born persons, percent, 2009-2013	15.0%
Language other than English spoken at home, pct age 5+, 2009-2013	21.9%
High school graduate or higher, percent of persons age 25+, 2009-2013	89.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	39.4%
Veterans, 2009-2013	383,087
Mean travel time to work (minutes), workers age 16+, 2009-2013	28.0
Housing and Income	
Housing units, 2013	2,813,536
Homeownership rate, 2009-2013	62.7%
Housing units in multi-unit structures, percent, 2009-2013	41.7%
Median value of owner-occupied housing units, 2009-2013	\$330,100
Households, 2009-2013	2,530,147
Persons per household, 2009-2013	2.51
Per capita money income in past 12 months (2012 dollars), 2009-2013	\$35,763
Median household income, 2009-2013	\$66,866
Persons below poverty level, percent, 2009-2013	11.4%

Source: US Census Bureau

Disability Prevalence Statistics: Commonwealth of Massachusetts

- In 2013, there were 6,613,654 individuals living in the community in Massachusetts, of which 782,204 were persons with disabilities; a prevalence rate of 11.8%.
- In 2013, there were 314,746,745 individuals living in the community in the U.S., of which 39,892,960 were persons with disabilities; a prevalence rate of 12.7%.
- The prevalence of individuals aged 18-64 living in the community in Massachusetts is 9.1% (389,873 residents ages 18-64 with disabilities out of a total of 4,272,843 residents ages 18-64), and 10.5% nationally.
- Employment and labor force participation rates for individuals with disabilities lag far behind those for individuals without disabilities. Unemployment rates are much higher for individuals with disabilities compared to those without disabilities.

Figure 30

Massachusetts Residents by Disability Category (ages 18-64 living in the community)

Disability Category	# of MA Residents	% of MA Residents	% of Disabled in MA
Cognitive Disability	184,586	4.3%	47.3%
Ambulatory Disability	181,223	4.2%	46.5%
Independent Living Disability	147,888	3.5%	37.9%
Hearing Disability	74,721	1.7%	19.2%
Self-Care Disability	74,674	1.7%	19.2%
Vision Disability	64,932	1.5%	16.7%

Change in the Number of People with Disabilities in MA (ages 18-64 living in the community)

2012	2013	2012 to 2013 % Change
752,323	782,204	+3.8% (29,881 more individuals)

MA & U.S. Employment With Disabilities (ages 18-64 living in the community)

	# With Disability	# With Disability & Employed	% With Disability Who are Employed
MA	389,873	136,199	34.9%
U.S.	20,714,303	7,031,023	33.9%

MA & U.S. Employment Without Disabilities (ages 18-64 living in the community)

	# Without Disability	# Without Disability & Employed	% Without Disability Who are Employed
MA	3,882,970	3,023,909	77.9%
U.S.	175,827,326	130,487,197	74.2%

Figure 31

Prevalence of Languages Other than English Spoken at Home Statewide, 2014 Update

Language	Percentage
Spanish	8.5%
French/Creole	2.1%
German	0.3%
Slavic	1.0%
Portuguese	2.8%
Russian	0.5%
Khmer	0.4%
Other European	1.9%
Korean	0.3%
Chinese*	1.8%
Vietnamese	0.6%
Arabic	0.5%
Other Asian	1.1%

Source: US Census Bureau, 2013 American Community Survey

MRC Facts and Statistics

MRC VISION

The MRC provides comprehensive services to people with disabilities that maximize their quality of life and economic self-sufficiency in the community.

MRC MISSION

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment and independence of individuals with disabilities. These goals are achieved through enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment in the community.

ABOUT US

The MRC consists of 3 divisions, Vocational Rehabilitation Division (VR), Community Living Division (CL) and the Disability Determination Services Division (DDS).

- **The Vocational Rehabilitation (VR) Program** assists individuals with disabilities to obtain and maintain employment. In SFY2014, 22,609 individuals with disabilities actively received Vocational Rehabilitation services from the MRC.

- **The Community Living Division (CL)** is comprised of a variety of programs, supports, and services that address the diverse needs of adults and transition age youth with disabilities to fulfill their desire/need for community integration, to gain maximum control of their destiny, and to participate fully in their community. In SFY2014, 11,698 individuals with disabilities were served through MRC's Community Living programs.
- **The Disability Determination Services (DDS)** is funded by the Social Security Administration (SSA) and determines the initial, reconsideration (first level of appeal after a denial), and continued eligibility for federal SSI and SSDI benefits. Special outreach efforts are made to homeless clients, individuals with HIV/AIDS, and veterans injured during military service. In FFY2014, there were 86,190 SSI/DI claims with Disability Determination Services.

VR Year in Review Facts, July 1, 2013 to June 30, 2014

Here is a brief synopsis of facts about the MRC's Vocational Rehabilitation program. Additional data from fact sheets can be found in the Appendix document.

In the most recent State Fiscal Year, the MRC's Vocational Rehabilitation program actively served 22,609 consumers in Statuses 12 to 22 (IPE development to job placement). A total of 15,567 consumers were enrolled in education and training programs. **A total of 3,653 consumers were successfully placed into competitive employment for 90 days or greater based on their choices, interests, needs, and skills.**

These consumers earned an average hourly wage of \$12.67 per hour and worked an average of 26.5 hours per week. The earnings of these consumers in the first year of employment are \$63.8 million. 95.9% of these consumers had medical insurance at the time of closure. Overall, 80.3% of MRC consumers whose cases were closed in SFY2014 indicated they were satisfied with the services they received from the MRC. The average age of consumers served by the MRC is 34. In SFY2014, the MRC served slightly more men (52.8%) than women (47.2%).

MRC Consumer Disability Profile, SFY2014

Main Categories

Figure 32

Primary Disability	% of Consumers
Psychiatric Disabilities	37.6%
Substance Abuse	8.8%
Orthopedic Disabilities	10.4%

Learning Disabilities	20.8%
Developmental Disabilities	2.2%
Deaf and Hard of Hearing	6.7%
Neurological Disabilities	2.6%
Traumatic Brain Injury	2.0%
Other Disabilities	8.9%

Figure 33

Breakout by RSA Disability Cause Codes

Other Broken Out Disability Groups	% of Served Consumers, SFY2014
Accident/Injury (other than TBI or SCI)	4.1%
Alcohol Abuse or Dependence	3.9%
Amputation	0.2%
Anxiety Disorders	7.0%
Arthritis and Rheumatism	1.2%
Asthma and other Allergies	0.3%
Attention-Deficit Hyperactivity Disorder (ADHD)	5.4%
Autism	4.8%
Blood Disorders	0.3%
Cancer	0.6%
Cardiac and other Conditions of the Circulatory System	0.7%
Cause Unknown	5.7%
Cerebral Palsy	1.2%
Congenital Condition or Birth Injury	3.2%
Could not crosswalk	0.0%
Cystic Fibrosis	0.1%
Depressive and other Mood Disorders	22.5%
Diabetes Mellitus	0.7%
Digestive	0.2%
Drug Abuse or Dependence (other than alcohol)	4.9%
Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)	0.1%
End-Stage Renal Disease and other Genitourinary System Disorders	0.4%
Epilepsy	0.8%
HIV and AIDS	0.4%
Immune Deficiencies excluding HIV/AIDS	0.2%

Mental Illness (not listed elsewhere)	1.2%
Developmental/Intellectual Disabilities	2.2%
Multiple Sclerosis	0.6%
Muscular Dystrophy	0.4%
Parkinson's Disease and other Neurological Disorders	0.3%
Personality Disorders	0.5%
Physical Disorders/Conditions (not listed elsewhere)	3.4%
Polio	0.1%
Respiratory Disorders other than Cystic Fibrosis or Asthma	0.2%
Schizophrenia and other Psychotic Disorders	3.3%
Specific Learning Disabilities	15.4%
Spinal Cord Injury (SCI)	0.6%
Stroke	0.8%
Traumatic Brain Injury (TBI)	2.0%

MRC Race and Ethnicity of Served Consumers, SFY2014

Figure 34

Race/Ethnicity*	% of Consumers
Asian/Pacific Islander	3.8%
African-American	16.6%
Hispanic	10.2%
Native American	0.8%
White	80.2%

**Multiple response category: Answers may add up to more than 100%*

Summary of MRC Vocational Rehabilitation Long Term Trends and Patterns

MRC has identified the following trends and patterns based on 5 year and 10 year trends (all are based on the MRC State Fiscal Year unless noted)

1. Despite ongoing economic challenges which face the Commonwealth which have a greater impact on individuals with disabilities, over the past five years MRC has achieved and exceeded its previous year's results for consumer employment. Since FY2010 there have been increases in the number of consumers successfully placed into employment and increases in the average hourly wage for employed consumers. The average number of hours worked per week by employed consumers has been up and down over the past five years. The number of consumers successfully employed increased by 631 or 20.9% from 3,022 in FY2010 to 3,653 in FY2014. The average hourly wage for employed consumers increased by 51 cents from FY2010 to FY2013 but fell back 12 cents in FY2014. The average number of hours worked per week increased from 25.9 in FY2010 to 26.7 in FY2012.

Figure 35

Changes in Employment Outcomes, FY2010 to FY2014	FY2010	FY2011	FY2012	FY2013	FY2014
# of Consumers Successfully Employed for 90 days or Greater (Status 26)	3,022	3,413	3,487	3,509	3,653
Average Hourly Wage for Employed Consumers	\$12.28	\$12.58	\$12.78	\$12.79	\$12.67
Average Hours Worked Per Week by Employed Consumers	25.9	26.5	26.7	26.4	26.5

2. Continued high demand for MRC VR services remains evident in the data on consumers served over the past five years. The number of consumers served increased significantly between FY2009 and FY2011 but has since leveled off since FY2012. The number of consumers actively served (Status 12-22) reached a new 10 year peak in FY2014 and has increased by 8.5% since FY2010, but has more than doubled since FY2004. One reason for this increase is likely due to the fact that more consumers are being served in education and training programs (Status 18) than in previous years.
3. The number of annual new VR referrals (Status 00s) has decreased by 23% over the past five years after reaching a peak between FY2010 and FY2012. During this period, annual referrals exceeded 20,000. This period coincided with the aftermath of the 2008 economic crisis and significant changes at other state agencies such as DMH. While referrals have fallen back from their peak, new referrals remain much higher than a decade ago, suggesting continued high demand for services.
4. The number of consumers served annually in Status 18 has increased by 7.5% since FY2010 and has nearly tripled from FY2004. Additionally, there has been a 24% increase in consumers served annually in Job Ready Status (Status 20) between FY2010 and FY2014. The number of consumers in Status 20 at any given point in time has also continually increased over the same period of time. There has also been a 27.8% increase in consumers being put in interrupted status (Status 24) over the past 5 years.
5. Consumers receiving physical and mental restoration services in Status 16 has increased over the past decade but has dropped back by nearly 10% since FY2010.
6. There has also been a 2.5% increase in the number of consumers served annually in post-employment services in the past five years. There has also been an increase in consumers receiving extended ongoing support services through SES since FY2010.
7. MRC has seen an increase in both revenue and expenses since FY2010. Total revenues increased mainly as a result of the availability of significant federal reallotment resources. There has also been an increase in Social Security reimbursement revenue as reimbursement reached a 10 year high in FY2014. Expenses have increased in proportion to revenue, with the highest increases in expenses being in the area of general administration (+33.1% from FY2010) and personnel costs (+19.6% from FY2014) while purchase of service expenses only increased by 7.8%.
8. The disability profile of MRC consumers (based on primary disability) continues to change over time. Over the past decade, psychiatric disabilities has consistently remained the highest category.

There have been increases in consumers served with learning disabilities (+2.5% since FY2010) and hearing loss while there has been a decrease over the past decade in consumers with primary disabilities related to substance abuse issues and developmental disabilities.

9. MRC continues to serve a greater number of transition-aged youth. Both the number and proportion of transition-youth aged consumers aged 16 to 24 at application has increased steadily over the past decade, especially between FY2009 and FY2011. Consumers aged 16 to 24 at application represented 38% of consumers actively served in Statuses 12 to 22 during FY2014.
10. As the Commonwealth's population continues to become more ethnically and racially diverse, MRC's consumer population is also following this pattern. Over the past ten years, MRC has seen an increase in African-American, Hispanic, and Asian consumers. Numerically, the largest growth is in Hispanic and African-American consumers. Proportionally, the largest growth in MRC's consumer population over the past decade has been among Asian and Hispanic consumers, which is consistent with the 2010 Census figures for Massachusetts. African-Americans are served by the MRC at a much higher rate than their rate in the overall population. Hispanic consumers are served by MRC at a rate consistent with their rate in the general population. It appears Asian/Pacific Islanders are slightly underserved in comparison with their rate in the overall state population (3.8% of MRC consumers compared to 6.1% for all MA population).
11. Over the past 5 years, there has been slight increase in consumers applying for MRC services with at least some post-secondary education. This may be as a result of recent economic challenges, increased unemployment, and other factors. This trend continued in FY2014. The largest group of applicants remains consumers with a high school or lower level of education.
12. The proportion of consumers successfully employed with Health Insurance benefits has increased significantly over the past decade, most likely coinciding with the state Health Care Reform act enacted in 2007. However, there has been a decline over the past several years, especially since the passage of the Federal Affordable Care Act, in consumers employed with employer-sponsored health insurance benefits. It appears that an increasing number of employers are passing purchasing health care benefits on to their employees.
13. Beginning in FY2011, there was a large increase in the number of cases closed before plan development in Status 08. This may be a partial function of the agency's shift in the same time period from an OOS waitlist to a case processing period in Status 00. The number of Status 08s has increased by 31.5% since FY2010, reaching a peak in FY2011 and FY2012. However, Status 08 closures have fallen back by 1,970 or 19.2% from their levels in FY2012. This trend should continue to be closely monitored.
14. The numbers of consumers closed unsuccessfully after receiving services in Status 28 increased over the past decade, especially between FY2010 and FY2012 which has negatively impacted MRC's ability to achieve its federal rehabilitation rate performance goal of 55.8%. The good news is that since FY2013 results have improved, as the number of status 28s fell by between SFY2012 and SFY2014. The rehabilitation rate (for the Federal Fiscal Year) fell from 62.3% in FFY2005 to 48.8% in FFY2012. MRC has significantly improved its performance in FFY2013 and FFY2014 and passed the rehabilitation rate standard for the first time 6 years in FFY2013. Preliminary data indicates MRC will pass the standard again in FFY2014.
15. In order for MRC to continue to be able to achieve its Federal Rehabilitation Rate Standard, the number of Status 26 closures must increase, the number of Status 28 closures must be reduced, or

a combination of increases in Status 26s and decreases of Status 28s must take place. The third option seems to be the most viable solution.

16. There has been a 22.4% decrease in cases closed after eligibility but before service delivery (Status 30) over the past five years.
17. Finally, unemployment in Massachusetts is still above levels from before 2008 but has dropped from its peak during the recession to 5.5% in June 2014 and has converged towards the national average rate which decreased in FY2014. Subsequently, the Labor Force Participation Rate has continued to decrease despite improvement in unemployment. This is true for both individuals with and without a disability. Individuals with disabilities have a significantly lower Labor Force Participation rate when compared with the rate for those without disabilities. As of June 2014, labor force participation for those with disabilities (19.3%) was nearly 50% below that of individuals without disabilities (69.2%).
18. Over the past several years, the Long Term Trends report was modified to account for recent programmatic changes and to add in data for new programs and initiatives. In addition, enhancements were made in many areas to track additional information. This will allow establishment of a baseline for ongoing monitoring of trends and patterns in these areas.

MRC Statistics By Area Office

SFY2014 MRC Vocational Rehabilitation Race and Ethnicity Actively Served Consumers, by District and Area Office

Figure 36
Race and Ethnicity for Consumers by District

District	Asian/Pacific Islander	African American	Hispanic	White	Native American
South District	2.7%	23.4%	7.5%	74.1%	0.9%
North District	6.3%	12.6%	10.0%	81.3%	0.7%
West District	1.7%	12.6%	13.7%	86.6%	0.6%
Statewide	3.8%	16.6%	10.2%	80.2%	0.8%

Figure 37
Race and Ethnicity for Consumers by Area Office

Office	Asian/Pacific Islander	African American	Hispanic	White	Native American
Downtown Boston	4.9%	34.4%	10.7%	60.5%	1.1%
Roxbury	2.7%	72.3%	16.9%	25.6%	0.9%
Braintree	4.6%	17.6%	8.0%	77.8%	0.5%
Brockton	3.6%	24.6%	8.9%	73.0%	0.8%
Fall River	1.9%	8.9%	5.4%	89.5%	1.2%
Hyannis	1.0%	7.7%	2.7%	91.7%	1.5%
New Bedford	1.5%	19.0%	6.5%	79.6%	0.8%

Plymouth	2.2%	3.9%	1.3%	94.1%	0.9%
Taunton	1.5%	8.3%	4.0%	89.9%	0.7%
Fitchburg	2.4%	8.4%	8.9%	90.0%	1.1%
Framingham	2.9%	7.6%	5.3%	90.4%	0.5%
Lawrence	2.1%	9.5%	26.4%	88.9%	0.7%
Lowell	12.4%	8.0%	7.2%	79.9%	0.5%
Salem	13.1%	9.9%	6.2%	76.9%	0.5%
Malden	2.6%	13.5%	3.7%	84.2%	0.3%
Somerville	5.0%	17.7%	8.5%	77.2%	1.0%
Brookline*	4.3%	27.1%	12.9%	68.7%	1.1%
Greenfield	1.7%	8.7%	6.9%	90.9%	1.1%
Holyoke	1.0%	9.2%	18.7%	90.3%	0.5%
Pittsfield	1.0%	5.9%	3.3%	94.4%	0.6%
Springfield	1.3%	22.6%	24.2%	77.2%	0.7%
Milford	2.0%	4.1%	1.8%	94.4%	0.0%
Sturbridge	0.3%	3.2%	8.6%	96.8%	0.0%
Worcester	2.8%	15.7%	17.7%	82.3%	0.8%
SES	2.4%	11.4%	4.0%	87.0%	0.5%
Statewide	3.8%	16.6%	10.2%	80.2%	0.8%

*Note: Office Closed 10/1/2014.

Massachusetts Rehabilitation Commission

VR Primary Disability Impairment by Area Office, Actively Served Clients, SFY2014

Figure 38

Area Office	Sensory/ Communicative Impairments	Physical Impairments	Psychological/Cognitive Impairments
Greenfield	3.1%	19.0%	77.9%
Holyoke	15.5%	21.3%	63.1%
Pittsfield	15.7%	17.0%	67.3%
Springfield	16.0%	17.6%	66.5%
Fitchburg	9.1%	25.8%	65.1%
Milford	3.8%	20.5%	75.7%
Sturbridge	3.7%	22.7%	73.6%
Worcester	14.6%	16.6%	68.8%
Framingham	5.0%	18.6%	76.3%
Lawrence	13.3%	13.9%	72.8%
Lowell	2.2%	15.2%	82.6%
Salem	2.1%	16.3%	81.6%
Malden	2.4%	19.7%	78.0%

Somerville	19.6%	13.3%	67.1%
Brookline*	3.3%	14.8%	81.9%
Boston	1.9%	18.5%	79.6%
Roxbury	1.7%	21.3%	77.0%
Braintree	22.1%	14.7%	63.2%
Brockton	2.0%	21.7%	76.3%
Fall River	1.9%	16.0%	82.1%
Hyannis	1.1%	24.2%	74.7%
New Bedford	11.7%	15.0%	73.3%
Plymouth	3.1%	22.8%	74.1%
Taunton	13.4%	16.7%	69.9%
SES	1.7%	4.0%	94.3%
Statewide	8.3%	17.7%	74.1%

*-Note: Office Closed 10/1/14

Massachusetts Employment and Labor Market Synopsis

MRC believes that analyzing and looking at labor market information is useful to ensure a quality and effective VR program. Labor market summaries on a metropolitan, state, and national level are shared with staff on a monthly basis. As of December 2014, data from the Massachusetts Office of Labor and Workforce Development indicated the state's seasonally adjusted employment rate was 5.5%. This is 0.1% below the national rate of 5.6% from the same time period. The state's unemployment rate has dropped by 1.5% over the past twelve months. The state and federal unemployment rate have generally been in closer proximity during the past year than in the past. Both during and in the period after the recession, Massachusetts had an unemployment rate lower than the Federal rate. During 2012 Massachusetts began moving back towards the federal rate, and in November 2012 the state rate exceeded the federal rate for the first time in several years. In the last year, both the State and Federal unemployment rate decreased. In December 2014, Massachusetts added a total of 10,900 new jobs, and added a net increase of 60,900 jobs during 2013. This is slightly higher than the net gain of 55,600 in 2013. There continues to be a wide spread between unemployment rates across Massachusetts between and within geographical statistical areas, although the spread is now smaller than it was in 2013, ranging from 3.7% in the Framingham metropolitan division to 4% in the Boston-Cambridge-Quincy metropolitan division to 7.6% in the Lawrence-Methuen-Salem(NH) metropolitan division. Massachusetts can often have one of the largest spreads between the lowest and highest unemployment rates of all national

metropolitan employment divisions. The good news is that the unemployment rate fell in 2014 across all geographical statistical areas in Massachusetts.

Consumer Occupational Interests in IPE versus Occupations Consumers are Obtaining

In 2012, MRC's Research, Development, and Performance Management Department began developing annual data reports seeking to examine the differences between the types of occupations consumers are seeking versus the types of occupations consumers are becoming successfully employed in. Comparisons are conducted using Standard Occupational Code (SOC Code) and Standard Occupational Code group categories of the vocational goals of current actively served consumers (Statuses 12-22) compared to the SOC code and SOC group categories of the jobs consumers are being placed into (Status 22) as well as successfully employed in (90 days or more of employment or Status 26). Analysis was conducted on a statewide, regional, and area office basis for SFY2014.

Additionally, this information was compared with labor market information and information on jobs in demand to compare jobs consumers are interested in and being placed into along with the demand for these jobs in Massachusetts based on the most recent data available. These findings are being used to assist MRC counselors and placement staff in better matching consumers' job interests and skills to available job opportunities and occupational areas. In addition, these findings suggest that some consumers may not have the skills to obtain a job in a particular occupational area. These findings can assist MRC counselors in directing consumers to education and skills training services which may assist them in obtaining jobs in some of these areas. Detailed findings have been drafted and shared with MRC senior management and placement staff. An update is planned for 2015.

Here are some summary findings from the FY2014 analysis looking at the statewide level. More details can be found in the Appendix document.

1. Looking at specific occupations on a statewide level, the top 3 SOC codes of occupational goals in consumers' plans in 2014 were Social and Human Service Assistants (2.7%), Substance Abuse and Behavioral Disorder Counselors (2.7% of consumers), and Community and Social Service Specialists, All Other (2%). These were also the top 3 SOC codes in consumer IPEs in 2013, but in a different order. Substance Abuse and Behavioral Disorder Counselors was the #1 code in 2013 rather than Social and Human Service Assistants which was #2 last year.
2. Of these three, none were among the top 3 SOC codes for occupations consumers were placed and successfully employed in during SFY2013. Substance Abuse and Behavioral Disorder Counselors was the 12th most common placement and 10th most common employment outcome SOC code in

SFY2013 amongst MRC consumers (1.7% of placed consumers and 1.8% of successfully employed consumers). This was slightly lower than SFY2013, where it was the 11th most common placement and 9th most common employment outcome.

3. Bureau of Labor Statistics data indicates Substance Abuse Counselors and Social and Human Service Assistants occupations have higher demand in Massachusetts than in other states, suggesting that there may be numerous available jobs for consumers interested in these occupations if they possess the skills and qualifications.
4. Retail Salespersons was the only occupation which fell into the top 5 SOC codes for consumers in terms of occupational goals, at job placement, and at successful closure. Retail Salespersons was the top SOC code for placed and successfully employed consumers in SFY2014 (5.1% of all placed and 5.1% of all successfully closed consumers). Demand for this occupation in Massachusetts is consistent with levels in other states.
5. When looking at SOC code categories, which look at occupational areas in a broader sense; statewide, in SFY2014, the top 5 SOC groups for vocational goals of actively served consumers were Community and Social Service (11.7%), Office and Administrative Support (11.5%), Healthcare Support (7.7%), Personal Care and Service (6.4%), and Sales and Related Occupations (6.2%). Of these, only Office and Administrative Support and Sales and Related occupations were amongst the top 5 SOC groups for placed and successfully employed consumers during SFY2014.
6. Community and Social Service, Personal Care and Service, and Healthcare Support were the #6, #7 and #8 top SOC groups for both placed and successfully employed consumers.
7. The top 5 SOC group categories for consumers at placement and at successful closure during SFY2014 were Sales and Related Occupations, Office and Administrative Support Occupations, Food Preparation and Serving Occupations, Transportation and Materials Moving, and Building and Grounds Cleaning and Maintenance. The only difference from FY2013 was that Sales and Related Occupations moved ahead of Office and Administrative Support to be the # 1 group at successful closure.
8. Of these 5 categories, only Office and Administrative Support and Sales and Related occupations were amongst the top 5 SOC categories of jobs consumers have as vocational goals in their plans (#2 and #1 categories, respectively).
9. The most notable change between FY2013 and FY2014 was in the SOC code area, notably an increase in the number and proportion of placement and successful outcomes for consumers in Social and Human Service Assistants, Customer Service Representatives, and miscellaneous/other Office and Administrative Support occupations and a decrease in Janitors and Cleaners, Dishwashers, and Substance Abuse and Behavioral Disorder Counselor placements and successful outcomes. There were few notable variations in the SOC group areas.
10. Analysis was conducted to look at the average and range of weekly hours worked and average hourly wages for successful employment outcomes for SOC detailed codes and SOC high level categories. There was a notable range in wage and hours worked for all top SOC categories and specific occupations, more in certain areas than others. Average hourly wage also varied, especially in the SOC high level categories. Not surprisingly, occupational categories which tend to have higher educational and/or higher technical skills had higher average wages. Overall, Life, Physical, and Social Science occupations had the highest hourly average wage, but only 17 or 0.5% of employment outcomes were in this category. Community and Social Service and

Education and Training occupations had the highest average hourly wages amongst the top 10 SOC categories for employment outcomes.

11. Once again, there is consistency between most of the top occupational categories in consumers' IPEs and between consumer responses on occupational areas of interest from the Needs Assessment survey.

MRC Return on Investment (ROI) Facts, SFY2014:

Individuals with disabilities successfully placed into competitive employment:	3,653
Average hourly wage for employed consumers:	\$12.67
Average work hours per week for employed consumers:	26.5
Total annual earnings for consumers placed into employment:	\$63,826,812
Estimated public benefits savings from employed consumers:	\$27,397,500
Projected annual Massachusetts income tax paid by employed consumers:	\$2,141,267
Projected annual Federal income tax paid by employed consumers:	\$4,117,822
Consumers placed into employment with medical insurance:	95.9%
Return to society based on increase in lifetime earnings for consumers placed into employment, FY2014*:	\$835,679,746
Return to society based on returns to government in the form of increased taxes and reduced public assistance payments, FY2014**:	\$298,456,945

**Based on Commonwealth Corporation Study on ROI that \$14 is returned to society based on increases in lifetime earnings for each \$1 invested in the MRC Vocational Rehabilitation program.*

***Based on Commonwealth Corporation Study on ROI that \$5 is returned to the government for each \$1 invested in the MRC Vocational Rehabilitation program.*

Conclusion, Recommendations, and Suggested Alternatives

MRC's 2014 Comprehensive Statewide Needs Assessment (CSNA) consisted of a comprehensive process consisting of a web-based survey of active consumers, focus group, and analysis of key facts, trends, outcomes, demographics, analysis of staff training needs and findings from the Consumer Satisfaction Survey of closed consumers, a counselor survey, a vendor/provider surveys and other key reports. Through this analysis, the CSNA has identified the needs of individuals with disabilities in Massachusetts including the need for supported employment, the services of primary importance to active VR consumers, and the needs of the overall workforce investment system in the Commonwealth of Massachusetts. The data and findings included here will be considered in agency policy on the development of new programs as well as changes to current programs to better serve consumers and

individuals with disabilities. In addition, the CSNA is an integrated part of MRC's State Planning, Strategic Planning, and overall quality assurance activities. Findings, recommendations, and strategies from the CSNA report will be incorporated into MRC's State Plan for Vocational Rehabilitation, MRC's Strategic Planning efforts, among others. The findings will be shared with MRC Senior Management, the Statewide Rehabilitation Council, VR staff, other key stakeholders, and will be disseminated through the MRC's website.

The results of the 2014 CSNA demonstrate that a majority of MRC consumers require multiple vocational rehabilitation, transportation, and community living services and supports to assist them in reaching their vocational and independent living goals. There appears to be a higher need for some VR, transportation, and Community Living services amongst individuals of diverse ethnic and racial backgrounds as well as among consumers with psychological or cognitive disabilities. The results suggest also many individuals with disabilities in Massachusetts are significantly impacted by economic conditions, a variable job market, and the high cost of living in Massachusetts. The following services were identified by MRC consumers as most important and needed services:

1. Job placement
2. Vocational/career counseling
3. Supported employment services and ongoing supports to assist to maintain employment
4. Benefits planning
5. On-the-job training and job coaching
6. Job/vocational training and education/tuition assistance
7. Assistance with information on transportation and public transit
8. Donated Vehicle Program
9. Driver's education
10. Assistance or referrals to supports for affordable and accessible housing
11. Assistive technology – including home modifications
12. Consumer Involvement Program

The majority of consumers indicate the MRC is providing services that are meeting their vocational needs and assisting them with maintaining their independence in the community; and the majority of consumers denoted that they are satisfied with the services they are receiving. In addition, the vast majority of

consumers also appear to be satisfied with the development of their Individualized Plan for Employment (IPE). Many consumers expressed strong praise and gratitude for the hard work and support provided by the MRC and its staff to assist them towards reaching their goals. Many consumers indicated that MRC and its staff have assisted them tremendously through assistance going to college or job training programs, providing interview preparation assistance, mock interviews, and job search assistance; referrals to training programs obtaining assistive devices such as hearing aids and vehicle modification, assistance with transportation, and finding other services and supports, among others. In addition, many consumers described how their counselor's counseling and guidance, overall positive attitude, and dedication to their work have been very beneficial to them in terms of staying motivated and on target to make progress toward their goals. Some areas for improvement identified by consumers included maintaining communication and regular contact with their counselor, more information about available services, especially MRC Community Living Services, improved communication with consumers impacted by staff turnover, and information and referrals to assist in obtaining and financing housing, transportation, and other important needs. It is also clear that many consumers have been affected by the overall economy, health issues, and other factors. It is also evident there may be a level of misunderstanding amongst some consumers over what the MRC can and cannot do for them. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement to the VR process to assist them in moving towards their goals. The results also suggest that long term consumers served over 10 years, and consumers with higher levels of education, were more likely to indicate MRC as not currently meeting their VR needs compared to others. This should be looked into in more depth.

As the Commonwealth becomes more diverse, MRC continues to serve a higher number of consumers from diverse ethnic and racial backgrounds. Through the CSNA process, the MRC has identified Asian and Pacific Islanders as being slightly underserved by the MRC's Vocational Rehabilitation program compared to their proportion in the overall state population. It is important to note that proportionally Asians have been the fastest growing group amongst all ethnic and racial groups served by the MRC's VR program over the last 10 years. This is also true in the state's general population. There is a concentration of Asians in the VR program in the Greater Boston and Lowell areas. A language access plan has been developed as part of MRC's Agency Wide Marketing Initiative and this could assist with additional outreach efforts to Asian and other ethnic communities.

Overall, mental health, psychological, and cognitive disability impairments make up the largest proportion of MRC consumers. Psychiatric disabilities has remained the largest disability over the past decade. Over the past decade, there have been increases in consumers served with learning disabilities (+2.5% since FY2010) while there has been a decrease over the past decade in consumers with substance abuse issues (as a primary disability) and developmental disabilities. The disability profile also varies significantly by MRC Area Office.

The majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. MRC counselors are at least somewhat satisfied with most services provided to consumers, including internal job placement services, services from Community Rehabilitation Providers, and education and training provided to consumers by schools and colleges. Communication with consumers and providers was also identified by counselors as an area for improvement. Counselors identified some areas that would assist them in doing their job better, including improved support and resources for job placement, including increased information on job leads for consumers, additional job readiness trainings, continued enhancements to the MRCIS system, among others.

Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also indicate that they are at least somewhat satisfied with CRP services. The recent addition of new CRP and expansion of other CRP programs through the Competitive Integrated Employment Services (CIES) program appears to have addressed consumer needs. However, there appear to be some areas where additional CRP capacity is needed to cover geographic or specific populations and this should be examined closer by MRC. The reopening of the Competitive Integrated Employment Services (CIES) RFR in the future or expansion of existing CRPs may address this. Finally, improved communication and information flow between CRPs and MRC staff may assist in improving service delivery to consumers and lead to more successful employment outcomes.

The CSNA has also identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. MRC's training needs plan, workforce plan, and case review findings recommend trainings on the implementation of WIOA; Job

readiness/job placement activity trainings, refresher training on the MRCIS case management system; trainings on VR best practices, policies, and procedures, and proper documentation of records. MRC continues to face high levels of staff turnover due to retirements projected to continue at a high rate through the decade. MRC's workforce plan has assisted in alleviating the situation through recruitment of new staff through VR counseling graduate student interns and through manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff to become future agency leaders. Additionally, MRC has added counselor, job placement, and employment specialist positions using reallotment funding with the intent of rolling staff into permanent positions as vacancies open. The agency successfully used this practice with ARRA funding in 2009 through 2011.

Actions Taken from the 2013 Comprehensive Statewide Needs Assessment Through MRC's State Plan and Strategic Planning Processes:

In the past year, the MRC has undertaken a number of steps to address the findings and suggested alternatives from the 2013 Needs Assessment. These include the following:

1. Continued Integration of CSNA results into MRC's State Plan, Strategic Plan, Performance Management and Quality Assurance Initiatives:

MRC has worked to integrate the CSNA and its findings into agency planning and quality assurance systems. The CSNA, both its findings and recommendations, were incorporated into the FFY2014 State Plan for Vocational Rehabilitation. This year's state plan incorporated new, revised measurable goals and objectives based on the findings and recommendations from the CSNA.

The findings from the CSNA have been built into the agency's continuous quality improvement system. A comprehensive update to the VR Quality Assurance manual which fully documents the CSNA, its recent enhancements, and other agency QA processes was completed in Spring 2014. MRC is also in the last year of its 3 year comprehensive agency strategic plan which constitutes part of its quality assurance system activities. The findings of the Needs Assessment were incorporated, along with other information and data from other reports, into the strategic planning process. MRC is continuously monitoring progress towards its strategic planning goals.

2. Efforts to Increase Collection of Valid Email Addresses for VR consumers:

MRC continues to place an emphasis on the importance of collecting and updating valid consumer email addresses in the MRCIS Case Management System through mentions in trainings and meetings with managers. This focus continues to be effective, as the proportion of actively served consumers with an email address in the system continues to grow, increasing by 3.1% in 2014. MRC will be implementing an enhancement to the MRCIS case management system in March 2015 which will allow emailing of official letters and other correspondence from counselors to consumers. This can currently only be done by regular mail. This is expected to further increase the proportion of email addresses in MRCIS while addressing consumer input for increased communication through electronic methods such as email. An e-learning for counselors on the importance of collecting e-mail addresses is also planned for development.

3. Extension of Donated Vehicle Program through FFY2015:

Based on the high demand and the demonstrated impact of the program, the MRC has utilized reallocation funding to extend the Donated Vehicle Program through Good News Garage through the end of FFY2015 (September 30, 2015).

4. Efforts to Provide Better Information on Services:

The MRC continues its multi-year agency-wide marketing initiative to provide updated and more consistent and comprehensive information on the agency's services using a "One MRC" philosophy intended to break down the barriers between the agency's three divisions and to provide better information on available services. Specific elements of this initiative include a new logo, tagline, and informational brochures, and rollout of a new uniform consumer orientation video for use by VR area offices. The video and handbook were rolled out in 2013. Both the video and the handbook include additional emphasis on the consumer's role to increase consumer awareness of what the MRC can and cannot do for them. The Consumer Satisfaction Survey now contains a question about the handbook. The Needs Assessment Committee is also exploring possible development of a general list of all MRC service offerings across its 3 divisions.

5. Outreach to Communities of Ethnic and Diverse Backgrounds on Vocational Rehabilitation and other MRC service offerings:

The MRC has made a commitment to outreach to individuals with the most significant disabilities who are also ethnic and cultural minorities by hiring bilingual staff to outreach more effectively to those communities, through outreach to local community agencies and organizations, especially

those that serve ethnic and cultural minorities, and other methods, including the Asian community. In addition, through the agency-wide marketing initiative and other efforts, MRC has taken steps to reach out to minority communities including the Asian community. A Language Access Plan has been developed based on information on language prevalence in the state overall and by county. As part of its plan, MRC materials and brochures have been shared with the bilingual staff committee and have been translated into multiple languages, including Spanish, Mandarin Chinese, Khmer, Vietnamese, Russian, Portuguese, and Haitian Creole. MRC has been proactive in its translation to be able to meet the needs of its consumer population as only Spanish currently meets the 5% language threshold required by state regulation. All translated documents are available online in PDF format. MRC is currently working towards updated translations of all MRCIS letters in the above languages with the goal of incorporating all translated letters directly into the system. The Consumer Satisfaction Index has also been translated into Spanish and the goal is to work on translating the Needs Assessment Survey into Spanish and other languages going forward.

6. Increase Consumer Awareness of Transportation Options Available to Them:

The MRC has developed a series of fact sheets to assist consumers in better understanding some of the transportation options available to assist them. One describes recent revisions to eligibility and appeal processes for the MBTA's The Ride services. Another fact sheet discusses the process and procedure to obtain/apply for a Transportation Access Pass (TAP). Finally, a third fact sheet provides general resources and information on the various Regional Transportation Authorities (RTAs) throughout the state. The fact sheets have been completed and have been publicly posted on MRC's website and provided to the MRC Training Department.

7. Efforts to Enhance Extended and Ongoing Support Services to Employed Consumers

MRC has a Memorandum of Understanding with the Department of Developmental Services to identify day habilitation individuals and provide transition community based services to achieve supported employment outcomes. Under the agreement, the MRC will fund these individuals' employment initially through supported employment funding, with DDS agreeing to use their state dollars to provide the long term supports these individuals would need to maintain their employment. In addition, the MRC continues to operate the Partnership Plus Advantage Program which provides extended supports to employed consumers receiving SSI and/or SSDI in collaboration with community rehabilitation programs with the goal of reducing recidivism among

VR consumers. MRC will also be working to increase collaboration with the State Medicaid program, the Department of Mental Health, and other programs which provide long term supports for individuals with disabilities in the future as a result of the enactment of WIOA.

8. Collaboration with Community Rehabilitation Programs:

As described above, the MRC continues to collaborate with Community Rehabilitation Programs through the Partnership Plus Advantage Program. The MRC also continues to conduct an annual survey of Community Rehabilitation Programs (CRPs) as part of the CSNA process, to assess the need to improve these programs within Massachusetts and these findings are factored into the recommendations of the CSNA. MRC has also recently brought on new CRP partners into the Competitive Integrated Employment Services (CIES) program and has expanded a number of existing providers based on the need for additional vendor capacity identified in the 2013 CSNA. MRC has also established a regular meeting with the Statewide Providers Council, representing many CRPs who provide services to MRC consumers, to enhance and improve communication, address concerns, and assist in improving service delivery.

9. Collaboration with the Statewide Workforce Investment System including the One Stop Career Centers:

In terms of the Workforce Investment System, the MRC continues to have a presence at the Massachusetts career centers; the MRC Commissioner serves on the State Workforce Investment Board (SWIB), and each Commission area director has a formal relationship with at least one career center. In addition, many area directors are on local workforce investment boards. Over the coming years, as a result of the enactment of WIOA, MRC will continue to increase collaboration with other core partners in the state workforce investment system. Additionally, MRC VR counseling staff make frequent visits and often conduct interviews at local career centers. MRC and the North Shore Career Center are also exploring a possible consumer transportation initiative.

10. Collaboration with Independent Living Centers:

MRC continues to work with the Independent Living Centers in Massachusetts through a collaborative effort to provide services to assist consumers transitioning from school to work through short term vocationally oriented services. Known as the Transitional Internship Program (TIP), the program is designed to assist young consumers with the transition from school to post-secondary education and employment through employment-related soft skills training, guidance, and paid summer internships with various employers. TIP is conducted in coordination with local

schools and VR offices. The program currently operates with six ILCs across the Commonwealth. MRC also continues its VR-IL contract program to provide employment-oriented services such as soft skills to VR consumers.

11. Continue Efforts to Provide Quality Services to Individuals with Learning Disabilities:

Based on the increasing number of consumers served with a learning disability, MRC continues a support group program for consumers with learning disabilities. The vendor who operates this program has also become a qualified vendor through the CIES program and now provides skills training to MRC consumers with learning disabilities receiving supported employment services from MRC's Statewide Employment Services office.

12. Efforts to Improve Services to Transition-Age Consumers:

MRC continues its efforts to assist transition age consumers. In 2014, MRC operated a number of programs for young consumers, including a paid summer internship program for 19 consumers in its Worcester Office, the Transitional Internship Program (TIP) providing employment-related soft skills training, guidance, and paid summer internships with various employers, the Young Ambassador Mentorship Project, with the goal of increasing awareness on the mentoring of youth with disabilities to assist them in successful transition from school to post-secondary education, employment, and independent living. MRC also has made available a guidebook entitled "A Family Guide to Transition Services in Massachusetts" in collaboration with the Institute for Community Inclusion and the Federation for Children with Special Needs as a final deliverable. The guidebook is available on the Federation's website and has been disseminated to MRC staff and stakeholders for their use.

13. Efforts to Enhance the CSNA Process and Tools:

This year, MRC made a number of enhancements to the CSNA process and report to has to improve its quality and to make it a more comprehensive and useful process for the agency, its consumers, its providers, and individuals with disabilities across Massachusetts. These enhancements were reviewed and supported by the SRC Needs Assessment Committee based on guidance and technical assistance from RSA from a webinar regarding the CSNA process, a review of best practices from other states, and a review of relevant literature.

14. Staff Trainings and Workforce Planning Efforts to Assist in Improving Service Delivery to VR Consumers:

The CSNA has identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. These areas have been shared with the MRC training department and its advisory council and are incorporated into the upcoming year's training plan. MRC also updated its workforce plan for 2014 and continues recruitment of new staff through VR counseling graduate student interns. MRC also developed a best practices manual for job placement to assist in improving job placement services and outcomes for MRC consumers. Finally, a series of new counselor, job placement specialist, and employment specialist positions funded through reallotment funds were added in 2014 to improve service delivery and internal job placement services. The intent is to try to roll as many individuals as possible into permanent positions as vacancies open. This was successfully done in the past with ARRA and reallotment funds and has been a key element of MRC's workforce plan.

15. Continued Expansion of On-The-Job Training and Employer Engagement Efforts:

MRC continues to expand its On-The-Job training program for consumers. MRC has developed a project with CVS Pharmacy to train and employ consumers in Pharmacy Technician positions across the state through classroom training and OJTs. Utilization of OJTs increased by 18.8% in FY2014 from the prior year, and successful employment outcomes increased by 31.4%. MRC continues to focus on continued engagement with employers through OJTs, industry-based training efforts such as the CVS program, and efforts such as the Annual Federal Contractor Hiring Event, with the goal of increasing employment outcomes for MRC consumers. These efforts have proven to be successful to date and will also assist with WIOA implementation.

Suggested Alternatives:

1. Continue to utilize findings to promote program development and planning within the agency:

The findings and recommended alternatives from the CSNA should continue to be used by agency management for planning purposes and remain an integrated part of its strategic planning and VR State Plan efforts for short and long range resource planning activities and future program development activities. The CSNA should also be used to inform planning efforts relative to the implementation of WIOA.

2. Continue Efforts to Enhance Information to Consumers and Potential Consumers on Available Services:

Based on the results of the Needs Assessment survey and focus group, it appears some consumers are not fully aware of some of the supports and services provided by the MRC, especially Community Living Services. In addition, the findings of the Needs Assessment Survey, Consumer Satisfaction Survey, and the Counselor Satisfaction Survey all suggest some consumers do not fully understand what the MRC can and cannot do for them, and that some consumers may not completely understand their role and participation in the VR process. MRC should continue address this finding through the multi-year marketing initiative being undertaken by the MRC.

The goal is to better inform VR consumers about CL and other services which may assist them in obtaining employment and maintain independence in the community. MRC's development of a uniform, statewide orientation video and a revised Consumer Handbook for potential consumers to better educate them on what the MRC can do for them has assisted in this area. MRC is also working on a video for youth consumers.

It is recommended the MRC continue to look at ways to provide better and more comprehensive information about services beyond the video and handbook, including training staff both on what other internal MRC services are available to consumers, and consider creating an inventory, guide, or list of external resources and agencies the MRC counselors can refer consumers to. There also appears to be uncertainty on the part of consumers regarding self-employment assistance that MRC can provide. An update or revision of any documentation or handbook on self-employment services should be considered. These efforts should be beneficial to consumers. Development of a simple catalog listing all available MRC services may also be of assistance to consumers and staff. This will assist in setting realistic expectations and better inform potential consumers if they are at the right door. The Needs Assessment Committee has begun exploring creation of such a guide. Additionally, MRC is researching the potential of acquiring electronic signs to put in local area offices as a medium to provide program and other important information to consumers coming into the offices.

3. Focus on Improving Communication between Consumers and Counselors:

Findings from the Needs Assessment Survey, Counselor Survey, Satisfaction Survey, and other elements of the CSNA suggest counselors are having difficulty maintaining contact with some consumers based on the increased number of consumers in the MRC VR program over the past several years. This is also evident when looking at the closure reasons for consumers closed unsuccessfully from the VR program. A task force or workgroup consisting of VR staff from all levels should be created to further review this issue and develop strategies to assist counselors in maintaining regular communication with consumers on their caseload. MRC should also look at ways to improve communication with consumers on caseloads where there are vacancies while they are being refilled. The upcoming addition of the capacity to email correspondence letters from MRCIS is one avenue for improvement. Efforts to improve the flow of cases through the VR system by reducing backlog of cases at critical points such as referral, eligibility, and IPE development may also assist in improving communication. A study on Status 28 unsuccessful closures may also provide some suggestions and recommendations which may assist in this area. Communication is a two-way street, and the results suggest a need for improvement in communication on both the counselor and consumer end.

4. Consider continuing the Donated Car Program beyond FY2015 based on available resources:

The Donated Car Program currently operated in partnership with Good News Garage was again one of the top transportation resource needs specified by consumers. As mentioned before, the program has been extended through FFY2015. The program has been very successful over the past several years in assisting consumers in obtaining transportation to assist them with going to work based on an analysis of employment outcomes and a satisfaction survey. Consumers receive a donated vehicle that is repaired and inspected for safety and receive training on how to maintain and register a vehicle. Consumers must have the resources to register, insure, and maintain the vehicle. MRC is also piloting a link between this program and the CVS Pharmacy Technician training program to provide vehicles to consumers who complete the program to access employment at CVS's regional pharmacy technician calling center.

5. Continue to Improve Collaboration with Independent Living Centers:

Independent Living Centers (ILCs) remain important partners to MRC who can provide additional peer-driven supports to MRC consumers to assist them in their efforts to obtain employment and

maintain independence in the community. Given that only 32% of consumers are aware of the ILC in their area, the MRC should continue to improve referrals and collaboration between VR offices and the ILCs. In addition, MRC should consider efforts to increase consumer awareness of the ILCs, especially among individuals with psychological and cognitive disabilities. A task force or workgroup could be set up to assist with this process. In addition to leveraging existing VR-ILC contracts, MRC should also consider open houses, joint orientations, or other meetings and presentations in collaboration with the ILCs. Joint marketing efforts could also be considered. Collaborations such as the Transitional Internship Program are a good example of beneficial collaborations with the ILCs. This program should be considered for expansion as part of the new Pre-Employment Transition Services required under WIOA.

6. Continue Efforts to Improve Services to Transition-Aged Consumers:

As transition-aged youth comprise of a large portion of MRC VR referrals, and with the strong emphasis on serving youth that will come with the implementation of WIOA, including pre-employment transition services, it is very important that the agency continue to focus on how to best serve these consumers, whose needs often differ from traditional adult VR cases. MRC should consider expansion of the Worcester Office's Summer Internship Program, continuation and possible expansion of other youth initiatives such as the Transitional Internship Program (TIP), and consider other efforts to provide services to transition students. MRC should continue its efforts to improve transition services through promoting best practices, continuing collaboration with local schools and Community Colleges, and ensuring that the recently completed Family Guide to Transition Services in Massachusetts is available to consumers and their families and to staff, MRC offices, and schools. MRC is also working to finalize new transition brochures for students, families, schools, and other stakeholders. MRC should continue to participate in webinars and trainings on transition services, research strategies and programs to expand pre-employment transition services to students with disabilities and come up with strategies to refer additional youth consumers to the Statewide Employment Services office for supported employment services.

7. Continue to Promote On-The-Job Training, Increased Employer Engagement, and Industry-Based Trainings to increase employment opportunities for individuals with disabilities:

MRC has demonstrated over the past several years that On-The-Job Training (OJT) is an important and effective tool for training and employing consumers in competitive jobs in many

industries and occupations. OJT can also be an effective tool to assist in eliminating stigma against consumers with disabilities by demonstrating the abilities and skills of individuals with disabilities directly to employers in their workplace. OJT was identified as an important service by 71% of consumers in the Needs Assessment survey and counselors have also identified the need for additional OJTs. In addition, MRC should continue its employer engagement strategies through the efforts of its internal Job Placement team, its account management system, and events such as the Annual Federal Contractor Hiring event. MRC should also continue to evaluate the outcomes of its industry-based training program with CVS Pharmacy to train and employ consumers in Pharmacy Technician positions across the state through classroom training and OJTs. This collaboration could be used as a potential model to use with other companies to establish similar programs with the goal of increased employment outcomes for consumers and as a way to market the skills and abilities of individuals with disabilities to the private sector.

8. Continue Staff Trainings and Workforce Planning Efforts to Assist in Improving Service Delivery to VR Consumers:

The CSNA has identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. Based on these findings, trainings on the implementation of WIOA; Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.); Refresher training on the MRCIS case management system; Counselor, supervisor and management trainings on VR best practices, policies, and procedures, and effective practices for supervision; Serving consumers with criminal histories; and proper documentation of records is recommended. In addition, the agency should continue its efforts to create e-learning for staff on a variety of topics. It is also recommended MRC continue its workforce planning efforts as it updates its Workforce Plan in 2014 to continue recruitment of new staff through VR counseling graduate student interns and continue to provide ongoing manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff for promotional opportunities within the agency.

9. Continue to Increase Consumer Awareness of Transportation Options such as the Transportation Access Pass (TAP) Program:

This year's Needs Assessment demonstrates that transportation remains a significant need for many MRC consumers. In addition to some of the other ideas and recommendations, one way for

the MRC to better assist its consumers is continue to promote and increase awareness of the Commonwealth's Transportation Access Pass (TAP) program. This program allows individuals with disabilities to utilize public transportation from the MBTA and other regional transit authorities across the state at a greatly reduced rate. It appears many consumers are not aware of this program which could significantly reduce their transportation costs. MRC should work to promote the distribution of its new transportation fact sheets which are now on MRC's website to consumers and incorporate these into trainings and informational materials. There is an increase in consumers indicating they use this program from previous years, suggesting that a better job is being done across the board in getting the word out on this program. Development of other informational materials and training should be considered to assist consumers in learning about other available resources including local Councils on Aging. In addition, MRC should consider possible collaboration with MassRides, the EOHHS Human Services Transportation (HST) Office, the Massachusetts Department of Transportation, Career Centers, and other organizations on projects or programs that might be able to assist consumers with transportation, given that transportation is a systemic issue requiring collaboration on multiple levels.

10. Continue Outreach to Communities of Ethnic and Diverse Backgrounds on Vocational Rehabilitation and other MRC service offerings, especially in the Asian Community:

The MRC has made a commitment to reach out to individuals with the most significant disabilities who are also ethnic and cultural minorities through its Diversity Committee and through its Language Access Plan. The MRC should continue these outreach efforts to ethnic and cultural minorities, especially to the Asian community, which has been identified as slightly underserved by the VR program in Massachusetts. MRC should focus on how to reach out effectively to these communities, including conducting outreach to local community agencies and organizations that serve ethnic and cultural minorities, among other methods. It is also recommended the MRC continue its efforts through its marketing initiative to reach out to the Asian community and other minority communities, and complete the translation of all letters from MRCIS into all identified languages in the language plan and incorporate them into the system. It is also recommended that the MRC's Diversity Committee, the SRC Needs Assessment Committee and Unserved/Underserved committee consider meeting jointly to come up with ideas for enhanced outreach to minority communities, including the Asian community.

11. Increase utilization of Electronic Resources to Communicate with Consumers:

Once again, consumers recommended in both the focus group and needs assessment survey that MRC utilize more electronic methods to communicate with consumers, such as e-mails, text messages, social media, Skype, and other similar methods. Counselors also indicated they would like more tools to communicate with consumers in this year's Counselor Satisfaction Survey. This year's addition of a question asking consumers their preferred method of communication is a start to collecting more information on consumer preferences. Email was by far the most preferred method of communication, followed by phone/cellphone. Given that communication continues to become more electronic, to keep up with technology, it is recommended that MRC should continue to consider ways to increase electronic communication with consumers. This may also improve consumer to counselor communication and may potentially assist in reducing the number of consumers closed out unsuccessfully because they cannot be located. A series of staff trainings on electronic communication should be considered. This will become more important in the future as consumers are more and more versed in communicating electronically and as MRC moves towards a fully paperless VR case management system. Other states have used text messaging and online dashboards as communication tools. These should be researched as potential alternatives.

12. Continue to Utilize CSNA results to inform future studies/analysis:

The CSNA provides a series of interesting findings and data worthy of further study. The survey suggests that additional studies and research about the impact of various VR services on employment outcomes, and variations in VR needs among different populations such as transition-aged youth, ethnic/racial minorities, older job seekers, by gender, and by disability type may be useful to the agency in finding ways to better meet the needs all of its consumers. The CSNA has been used before as a basis to conduct comprehensive staff surveys to analyze issues and challenges related to housing and homelessness, transportation, and other issues. The MRC should also consider researching underemployment of individuals with disabilities in Massachusetts and how its services can assist consumers in obtaining adequate employment which meets their needs. MRC should also consider conducting a study of how resource limitations impact service provision.

13. Continue to further refine the Comprehensive Statewide Needs Assessment process to reach out to additional consumers and to compare results over multiple years:

The agency should continue its process of continuous improvement to the CSNA process with input from the SRC Needs Assessment Committee, and should continue to review RSA guidance and best practices from other states as part of this process. This process of continuous improvement has been very beneficial and has led to a strong annual product that has resulted in actions being taken to address its recommendations and findings. Other states have also come to MRC to learn about our CSNA process and MRC's CSNA process and overall use of data to track performance and make decisions was noted by RSA staff during a recent monitoring visit. Consumer needs are a dynamic, moving target, and as new policies and new priorities are established, consumer needs will continue to evolve. The CSNA will likely need to be enhanced and modified to assist with the implementation of new WIOA reporting, performance, and state planning requirements. The agency should also consider conducting a multi-year analysis or creating a long term trend report of consumer needs. This could be done through examining data from past Needs Assessments, especially now that a five year baseline has been established administering the survey electronically. Finally, it is recommended MRC work with the Committee to discuss how to reach out to more consumers to identify their needs, especially in underserved populations such as the Asian community, through methods such as the regional and population-specific focus groups being considered. The translation of the Needs Assessment survey into Spanish is planned for 2015 and additional translations should also be considered.

14. Continue to Develop/Utilize methods and products to assist with Job Matching and providing additional job leads to consumers and counselors:

The MRC should continue its efforts to enhance efforts to match consumers' interests and skills with potential occupational areas and job opportunities. MRC has undertaken several efforts in this area including purchase of the ResuMate software system to allow staff to match consumer skills from resumes to required skills from job leads. Other efforts are also being researched. These efforts will assist MRC counselors and placement staff in better determining what direction to point consumers in to assist them in obtaining employment. Both MRC counselors and consumers expressed the desire for improved job matching and increased sharing of job leads that could lead to employment outcomes for consumers. The team model used in some offices where the JPS, ESS, and the counselor work together as a team to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices.

15. Continue to Assist Community Rehabilitation Programs:

It is recommended the MRC continue its efforts to assist and improve Community Rehabilitation Programs through support and financial assistance to providers in the conversion of sheltered employment to supported employment. MRC only places consumers into competitive employment opportunities. Recent rate increases to the Competitive Integrated Employment Service (CIES) procurement should assist CRPs. This year's CSNA findings suggest that the recent addition of additional vendor capacity in terms of new CRP vendors and expanded vendors have assisted in meeting needs for CRP capacity to serve MRC consumers. However, it appears additional CRP capacity may be needed in some areas, both geographically and to serve specific populations. It is recommended that MRC inquire about whether the Competitive Integrated Employment Service procurement can be reopened in 2015 to allow MRC to qualify additional CRPs which may assist in meeting the needs of VR consumers and individuals with disabilities across Massachusetts.

It is also recommended that MRC continue efforts to improve communication and information flow between CRPs and MRC to using a team communication approach with the provider, counselor, supervisor, and regional contract supervisor, and continue regular meetings and communication with the Providers Council. It is also recommended the MRC continue its collaboration with Community Rehabilitation Programs through the Partnership Plus Advantage Program. MRC should also consider working with CRPs as an avenue to assist in providing pre-employment transition services to individuals with disabilities as required under WIOA.

16. Continue Efforts to Collaborate with Other Components of the Workforce Investment System in Massachusetts to Serve the Needs of Individuals with Disabilities and to plan for WIOA Implementation:

The MRC should continue to collaborate with other elements of the workforce investment system to seek out collaborative opportunities including possible projects and grants that may assist individuals with disabilities across Massachusetts in obtaining competitive employment. In addition, MRC should continue its efforts to maintain a presence at the Massachusetts Career Centers and on State and Local Workforce Investment Boards (WIBs). It is recommended that the MRC's job placement specialists and other assigned VR staff continue to work closely with local Career Centers to provide high quality vocational rehabilitation services to people with disabilities seeking expanded employment opportunities and to make the Career Centers more responsive to

the needs of individuals with disabilities including providing disability sensitivity training for Career Center staff. MRC should also consider developing a workgroup with the Career Centers and other core partners of the Statewide Workforce Investment system as defined in WIOA to develop plans and strategies for implementation of WIOA. MRC will need to increase linkages to core partners as a result of WIOA.

17. Continue to Evaluate and Research Computer and technology skills trainings or web-based trainings and assessments for Consumers To Assist in Obtaining Employment:

As the world becomes more mobile and electronic, it becomes increasingly important the MRC assist consumers in preparing for employment by developing and refining skills in using technology. A number of consumers indicated the desire for trainings and workshops on computer skills and other technology. MRC has established a pilot project to utilize a web-based system called the Manpower Training and Development Center (TDC) for consumers to undergo industry-based assessment, evaluation, skills development, and job matching. Packages are provided for Microsoft Office programs and for specific occupations including administrative assistants, stock clerks, call centers, customer service representatives, amongst other job areas. Initial results suggest a high rate of employment for those consumers who fully complete the modules. MRC also recently purchased access to web-based assessment tools for counselor use. The MRC should continue to evaluate results of these efforts in terms of employment outcomes and its overall benefit to consumers, and continue to research additional electronic and web-based assessment, training, and evaluation solutions to assist consumers with preparing for and obtaining employment.

18. Continue Efforts to Provide Quality Services to Individuals with Learning Disabilities:

The MRC has seen an increase in consumers served with specific learning disabilities (LD) and Attention Deficit Hyperactivity Disorder (ADHD) over the past decade. In FY2014, 20.8% of all consumers had ADHD or a specific learning disability. MRC recently added skills training through a qualified vendor for consumers with learning disabilities receiving supported employment services based on the needs of this population. It is recommended that the MRC continue to work closely with the SRC LD/ADHD subcommittee to find ways to enhance services for consumers with LD/ADHD if needed.

19. Research ways to Increase Availability of Job Readiness Trainings:

Results from the Needs Assessment Survey, the Counselor Satisfaction Survey, and the Provider Satisfaction Survey suggest the need to develop more job readiness training programs to assist consumers in obtaining employment. MRC should research and evaluate the feasibility of establishing additional job and work readiness programs. Work readiness training is also one of the required pre-employment transition service categories for students with disabilities under WIOA, and establishment of additional programs and resources in this area could benefit all MRC consumers, including students with disabilities, and assist in the implementation of WIOA.

20. Continue to develop strategies and systems for implementation of WIOA:

MRC should continue its efforts to plan, prepare, and implement new requirements under WIOA. A steering committee has been established for the VR program and it is recommended that a project management plan be developed to assist with implementation. MRC should continue to participate in webinars and trainings on WIOA, register for communication from the federal government and other key stakeholders, and begin discussions with other core partners. MRC should also scope out its current expenditures and capacity to provide pre-employment transition services to students with disabilities and come up with strategies to refer additional youth consumers to the Statewide Employment Services office for supported employment services.

21. Consider Creation of a Guide or List to Assist in Procuring Products and Materials from Vendors:

In the Counselor Satisfaction Survey, some counselors indicated they would benefit from additional information about available vendors and the materials they supply. It is recommended that a guide or list of resources providing more information about available vendors for purchasing items for consumers be developed. This guide would list available vendors and the particular products/materials that are provided by each vendor.

22. Consider development of workshops for consumers on conducting an electronic job search and maintaining their online identity:

Given the electronic nature of the modern world, MRC consumers could certainly benefit from a workshop on using electronic and social media in the job search process. Some Career Centers provide similar workshops, and a program provided within the VR office might be useful to consumers. In addition, the importance of maintaining an appropriate online identity is also

important as many employers look at potential employee's social media and other public internet activity during the hiring process. The proposed workshop would include tips on managing one's online identity (e.g., creating a professional email account and scanning social networking pages for any material that could be misinterpreted by an employer); tips for creating resumes that can be cut and pasted into online job applications; use of professional networking sites such as LinkedIn; and guidance on navigating the multitude of job search sites which exist. The MRC could also refer consumers to workshops in this area being offered at local libraries or Career Centers. This could also be another service that can be provided to students with disabilities as a pre-employment transition service.

23. Continue to Focus on collecting valid email addresses for VR consumers:

MRC should continue its emphasis on the importance of collecting, recording, and maintaining valid email addresses in the MRCIS system. While the proportion of consumers with email addresses has increased significantly each year over the past five years, notable variations between some area offices in terms of the proportion of consumers in each office with an email address in the MRCIS system still exist. In addition, as job search processes have become more electronic, it is important that consumers have a valid and appropriate email address to apply for positions online and communicate with employers. A certain percentage of MRC consumers may not have an email address when they begin services. In these situations it is important for MRC counselors to assist the individual with setting up a free email account such as Gmail or Hotmail. It is also very likely that many consumers have active email accounts, but this information is not being recorded. MRC will be implementing an enhancement to the MRCIS case management system in March 2015 which will allow emailing of official letters and other correspondence from counselors to consumers. This can currently only be done by regular mail. This is expected to further increase the proportion of email addresses in MRCIS and benefit consumers in improving their ability to find competitive employment as well as assisting counselors in maintaining regular contact with their consumers. This will also assist in improving quality of data stored in MRCIS, leading to improved communication with consumers and facilitating higher response rates to electronic surveys. It is recommended that MRC complete an E-learning training for staff on email addresses and continue to emphasize the importance of recording addresses in relevant trainings and bulletins.

24. Attempt to Increase the Number of Vendors for Driver's Education and Training the Next Time the Procurement is Opened:

Over the past several years, the CSNA findings demonstrate a number of consumers who indicate they need driver's education services through survey results and open-ended responses. It is recommended that MRC should research the next time the Adaptive Driver Evaluation and Training Procurement will be opened for new vendors, and at that time should consider attempting to increase the number of qualified vendors under the RFR to assist with improving driver's education and adaptive evaluation services to consumers.

Key for RSA Primary Disability Impairments

RSA Disability Impairment	High Level Disability Category
Blindness	Sensory/Communicative
Other Visual Impairments	Sensory/Communicative
Deafness, Primary Communication Visual	Sensory/Communicative
Deafness, Primary Communication Auditory	Sensory/Communicative
Hearing Loss, Primary Communication Visual	Sensory/Communicative
Hearing Loss, Primary Communication Auditory	Sensory/Communicative
Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)	Sensory/Communicative
Deaf - Blindness	Sensory/Communicative
Communicative Impairments (expressive/receptive)	Sensory/Communicative
Mobility Orthopedic/Neurological Impairments	Physical/Orthopedic
Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Other Orthopedic Impairments (e.g., limited range of motion)	Physical/Orthopedic
Respiratory Impairments	Physical/Orthopedic
General Physical Debilitation (fatigue, weakness, pain, etc.)	Physical/Orthopedic
Other Physical Impairments (not listed above)	Physical/Orthopedic
Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)	Psychological/Cognitive
Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)	Psychological/Cognitive
Other Mental Impairments	Psychological/Cognitive